

Chapter Two Certification

Overview

Policy

Individuals applying for participation in the Arizona WIC Program will be screened, using procedures outlined in this chapter, to determine eligibility before they can be certified to participate.

In This Chapter

This chapter is divided into nineteen (19) sections and thirteen (13) appendices, which detail the certification process.

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Chapter Two

Certification

Section A

Certification Guidelines

Eligibility Determination

The Local Agency staff determines if the applicant meets each of the following eligibility criteria:

- Residence
- Income
- Category
- Nutrition Risk

All participants will be screened and certified using the Arizona in Motion (AIM) automated system.

Within 10 days

Priority I pregnant women, infants under six (6) months of age, homeless, and migrants will be notified of their eligibility, ineligibility, or placement on a waiting list within ten (10) calendar days of the date of request for WIC services (see Appendix A for Waiting List Notification form).

Within 20 days

All other applicants requesting WIC services will be notified of their eligibility or ineligibility or placement on a waiting list within twenty (20) calendar days from the date of request for WIC services.

Extension of Timetable

An extension to a maximum of fifteen (15) calendar days for notifying Priority I pregnant women, infants under six (6) months of age, homeless, and migrants may be granted by the State to Local Agencies.

A written request justifying the extension must be received by the State Agency and written approval must be given to the Local Agency prior to implementation.

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Section A

Certification Guidelines (Continued)

Local Agency Responsibility

Local Agencies will develop follow-up procedures to contact all applicants who miss their appointment.

Procedures will include:

- Methods of contact
- Information to be collected
- The date the applicant requests services
- The rescheduling of failed certification appointments

Time frames for completing the certification process, as specified above, begin when the applicant appears in person or telephones the Local Agency clinic and requests WIC services.

Local Agencies will maintain documentation of the date the initial request for services was made and will enter this date on the Cert Action screen of the AIM system.

At certification, WIC staff will ask for the applicant's home address and phone number and whether or not the client can be contacted by mail or by phone. This will be documented in the Phone/ Confidentiality button on the Family screen or Precertification screen of the AIM system. For applicants who miss their appointment, the Local Agency staff will attempt to contact them within seven (7) business days by phone or mail **only if** they have agreed to receive communication from the WIC program. If mailing correspondence, the agency must use a sealed envelope or a postcard that does not mention a WIC appointment or a reason. Do not use 'The WIC Program' in the return address; instead, use Health Department or Health Center. The appointment offered will be based on the next available appointment or the Local Agency policy for scheduling appointments. This action will be documented. The date on which the applicant requests a new eligibility interview will become the "Date of the Initial Request."

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Section A

Certification Guidelines (Continued)

Local Agency Responsibility (Continued)

When a pregnant woman requests an appointment, the Local Agency will request an address and telephone number where she can be reached. Should she fail to keep her certification appointment, the Local Agency will attempt to contact her to reschedule. A record of the attempt of contact will be maintained by the Local Agency in the Notes box in the Family Record screen of the Appointment Scheduler of the AIM system. This will be maintained in AIM for 60 days. If she does not want to receive mail or phone calls, mark the appropriate check box(es) in the Phone / Confidentiality button on the Family screen to ensure that no contact occurs.

Applicants failing to provide verification of eligibility data within the established time frame will be denied participation in the program. They may reapply as soon as they have the necessary documentation and the time frames begin at the time of reapplication.

Components of Certification

The following are components of Certification:

- Rights & Obligations form (see Appendix B)
 - Physical Presence / Identification
 - Residency Verification
 - Racial / Ethnic Data
 - Income Determination
 - Categorical Eligibility
 - Health Assessment
 - Dietary Assessment (if necessary)
 - Risk Identification
 - Referrals and Education
 - Food Package
 - WIC Rules and Regulations
-

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Certification

Section A

Certification Guidelines (Continued)

Food Instrument Issuance

Local agency staff must negotiate and tailor the food package based on risks, nutritional needs and participant preference. Participants will be issued appropriate Food Instruments at the time of certification. Food Instruments for future months should be placed in participant's ID Folder.

Documentation Provided

The Rights & Obligations form explains the necessity of data collection for determination of WIC eligibility, including:

- Applicant's name
- Applicant's identification number
- Applicant's address
- Date of initial visit
- Date of certification

The Rights & Obligations form gives WIC permission to perform the tests necessary for program certification and to provide breastfeeding education.

The Rights & Obligations form also verifies the above data through sworn statements signed by the participant or participant's Authorized Representative and the certifier (including printed name and title).

The form explains the participant's rights, including appeal rights. The participant signs the document after it is read. The completed form is to be kept in the agency's daily file or participant's file. (See sample form in Appendix B).

Arizona WIC Program ID Folder/ Transfer Card

An Arizona WIC Program Identification (ID) Folder / Transfer Card (see Appendix C) will be issued to the participant. The folder will include the participant's name, the date on which the current certification expires and the name and address of the certifying Local Agency. Both the participant and certifier will sign the identification folder, in ink, with their normal signature. This serves as the signature card for using the Food Instruments at the grocery store.

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Certification

Section A

Certification Guidelines (Continued)

Certification Periods

The WIC Program services are based on the following certification time frames:

Pregnant Women

Certification will be valid up to six (6) weeks postpartum.

All documentation that includes the date when the certification ends must read “up to six (6) weeks postpartum.”

A pregnant woman enrolled in WIC who has had an abortion, spontaneous (miscarriage) or therapeutic, is eligible to receive benefits up to six (6) weeks past the date the pregnancy ended and can continue up to six (6) months postpartum.

A pregnant woman that would have been eligible for the program during her pregnancy, who has had an abortion, spontaneous (miscarriage) or therapeutic, can also apply for benefits. She is eligible for a total of six (6) months of benefits from the date the pregnancy ended.

Postpartum Women

A postpartum woman is certified according to the following criteria:

- A non-breastfeeding woman is certified as a postpartum woman from the time the pregnancy ends until six (6) months postpartum.
- A breastfeeding woman’s certification is valid up to the last day of the month in which her infant turns 1 year old, or until the woman ceases breastfeeding, whichever occurs first.
- If a woman ceases to breastfeed prior to six (6) months postpartum and she has no risk of her own, she must be terminated from the program.

The Arizona WIC Program Identification (ID) Folder / Transfer Card (see Appendix C) will read, where Date of Certification Expires, as “Infant’s first birthday or when breastfeeding ends.”

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Certification

Section A

Certification Guidelines (Continued)

Certification Periods (Continued)

The WIC Program services are based on the following certification time frames:

Infant Less Than Six Months Old

An infant under six (6) months of age at the time of certification is enrolled until their first birthday if they meet Priority I, II or IV criteria.

Local Agencies must evaluate the health status of all infants who are six (6) months of age. The six (6) month evaluation does not affect the ending certification date, which is the infant's first birthday.

Infant More Than Six Months Old

An infant more than six (6) months of age at the time of certification is enrolled for six (6) months from the day of certification if Priority I or IV.

Infants who are six (6) months or older may not be certified as Priority II participants.

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Chapter Two

Certification

Section A

Certification Guidelines (Continued)

Changing a Birth Date in the AIM System

When the birth date of a participant is entered incorrectly in AIM, **DO NOT** create a new identification number for the participant. Creating a new record for the same participant will affect many reports and compromises the integrity of our computer system.

- A. When the error is discovered on the same day that the certification was completed, please follow these steps:
1. During certification, verify and/or change the client's birth date **before** going to the Cert Action Screen to avoid future problems in AIM.
 2. When completing a new certification for a client that has been on the program and their birth date was originally entered incorrectly, the user can delete the new certification (Red X) in the Cert Action Screen **IF no other data has been entered on the Medical or Health Screen for the new certification**. Then, the user can return to the Client Registration screen, change the birth date, and continue with the certification process.
 3. If the user has already completed the Medical and Health screens before finding that the birth date is incorrect, the current certification can be terminated, the birth date can be changed, and the new information saved.
 4. After changing the birth date, the user can reverse the termination and save it.
 5. The user can then return to the Cert Action screen and do the following:
 - a) Click in the Category field.
 - b) Delete the incorrect category number.
 - c) Type in (or choose) the new category number
 - d) Tab thru to the Cert End Date field.
 - e) Click on **SAVE** and the Cert End Date will fill in when the user clicks OK in the "Transaction Completed" pop-up.
 6. Changing the birth date is much easier if it is done before the user gets to the Cert Action screen.

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Section A

Certification Guidelines (Continued)

Changing a Birth Date in the AIM System (Continued)

The birth date can be changed **on the day of certification** using the above directions if the user has already completed the Cert Action and/or Medical/Health screens.

B. Once End of Day (EOD) has been run, the system will not allow the birth date to be changed without first terminating the current certification. Changing the birth date can cause changes in client Category, length of certification, nutrition risks, and other factors affected by age.

In order to change a birth date after EOD, the user is required to:

1. Terminate the current certification of the participant whose birth date is incorrect.
2. Correct the birth date.
3. Complete a new certification with the new birth date.

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Chapter Two Certification

Section A Certification Guidelines (Continued)

Certification Periods (Continued)

The WIC Program services are based on the following certification time frames:

Child

Children are certified for six (6)-month periods, ending with the end of the month in which the child reaches five (5) years of age.

Note: If a child is still in a valid certification period (has not yet received six (6) food packages in the current certification period) in the month they turn five (5), a food package may be issued, even if the pick-up is after the birthday.

Example

Six (6)-month certification periods (to be used for completing WIC identification folders):

Certification begins in:	Certification ends in:
January	June
February	July
March	August
April	September
May	October
June	November
July	December
August	January
September	February
October	March
November	April
December	May

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Chapter Two

Certification

Section A

Certification Guidelines (Continued)

Certification Periods (Continued)

The WIC Program services are based on the following certification time frames:

Special Conditions

The certification period may be adjusted from the original ending certification date for several reasons. It can be shortened as much as needed or extended by thirty (30) days. It is preferred that certification periods be shortened rather than lengthened; this is done primarily to coordinate the pick-up schedule of Food Instruments within a family unit. Other reasons for adjusting certification end dates include:

- Difficulty in appointment scheduling or getting to the clinic for certification due to extreme hardship, i.e., illness, imminent childbirth, inclement weather conditions, distance to travel, high cost of travel, or documented physical disability that prevents travel
- When a medical case conference is required to determine a participant's nutritional or medical status

If the participant is found eligible to continue receiving program services, the new certification period begins on the date the participant is certified again and receives the first set of Food Instruments in the new certification period.

Women's Nutrition Risk Determination

All data used to determine nutritional risk will be reflective of the woman's categorical status at the time of certification. For example, a woman certified during pregnancy as at risk for anemia cannot be certified in the postpartum period using any hemoglobin or hematocrit value that was obtained during her pregnancy.

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Certification

Section B

Physical Presence / Identification

Physical Presence Policy

Applicants to the WIC program are required to be physically present at the time of WIC Certification. If they are not, they must be rescheduled for a time when they can be present.

Additionally, infants are to be brought to their mid-certification health check appointment; however, if they are not present, the Authorized Representative is to be issued one (1) month of Food Instruments and rescheduled for the next month, when the infant must be present.

Exceptions to Physical Presence

Exceptions may be made for persons with permanent or temporary disabilities that make it difficult to attend the WIC certification appointment. These include, but are not limited to, the following exceptions:

Exception 1

A condition that requires medical equipment that is not easily transportable.

Exception 2

A medical condition that requires confinement to bed.

Exception 3

A serious illness that may be worsened by coming to the clinic.

Exception 4

A serious or contagious illness.

Documentation of Exceptions

The Local Agencies must receive documentation from a Medical or Osteopathic Physician (MD or DO), Nurse Practitioner (NP) or Physician's Assistant (PA). Documentation should include date, diagnosis, reason for inability to come to the clinic and the length of time they are unable to come to the clinic. This will be noted in the AIM system in the Notes section of the Family screen.

In the case of a pregnant woman on bedrest prior to certification, she may send someone to the clinic to serve as her Authorized Representative. This person must bring written documentation of her condition from one of the above-listed sources, the woman's proof of income, residency, and identity; they will sign the Rights and Obligations form on her behalf and receive education on how to participate in the WIC program.

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Certification of Women and Children in the Hospital

Further clarification: if the woman is put on bedrest during her certification, the new Authorized Representative must bring in the woman's ID Folder and written documentation of her condition from one of the above-listed sources. A new ID Folder will be made to reflect the new Authorized Representative.

Local Agencies are encouraged to work closely with hospitals to enroll participants as soon as possible following delivery. However, food packages are not to be issued to participants for use in the hospital, since it is the responsibility of the medical insurance to provide food to the participant while in the hospital.

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Certification

Section B

Physical Presence / Identification (Continued)

Documentation of Identity

All applicants must present proof of identification at certification and food instrument pick-up appointments. Documentation types are found on the Client Registration screen of the AIM system.

Note: Social Security numbers must not to be entered in AIM, on the ID Folder or maintained in files.

Initial Certification – Women

Optimal documentation for a woman would be photo identification such as:

- Current passport
- Driver's license
- State issued identification card

Acceptable documentation for a woman would be:

- Work identification card
 - School identification card
 - Social services program card
 - Valid Medicaid / Arizona Health Care Cost Containment System (AHCCCS) card
 - Voter registration card
 - Tribal card
 - Pay stub
 - Laser Visa
-

Initial Certification – Infant/ Child

Acceptable documentation for an infant or child would be:

- Birth certificate
 - Crib card or hospital record
 - Immunization record
-

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Chapter Two

Certification

Section B

Physical Presence / Identification (Continued)

Subsequent Certification and Pick-up

Acceptable documentation for all categories would be a WIC ID Folder with matching signatures

Applicants with No Proof of Identity

When an applicant has proof of identification but did not bring it to the certification appointment, they are to complete and sign the top of the Arizona WIC Program Documentation of Waiver Form declaring his/her identity. They are to be issued one (1) month of Food Instruments and must bring proof of identification to the clinic within thirty (30) days.

When an applicant has no proof of identification as a result of being a victim of theft, loss, or disaster, the applicant must complete and sign the bottom of Arizona WIC Program Documentation of Waiver Form declaring his/her identity (see Appendix D). They can be issued more than one (1) month of Food Instruments. This Waiver Form is to be kept in the agency's daily file or participant's file.

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Certification

Section C

Residency

Residency

All applicants are required to provide proof of residency within the state of Arizona. This is the location or address where a potential participant routinely lives or spends the night.

State Service Area

The service area is defined by services available in a distinct geographical region of underserved eligible participants within the state of Arizona and state approved areas bordering Arizona. Tribal members who live on reservations that border on or are partially located in Arizona and who receive health services in Arizona are eligible for services from the Arizona WIC Program.

In determining when to move into additional areas or expand existing operations, the location of new clinics is subject to approval by the Arizona State WIC Director. The number of potentially eligible participants in each area, the number being served and proximity to existing sites will be taken into consideration when making this decision.

Participants will have the right to select a clinic within Arizona based on service and convenience in relation to residence, work, and where they receive their healthcare. Participants are not required to live in a specific geographic area, but they must reside in Arizona.

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Certification

Section C

Residency (Continued)

Documentation of Residency

Documentation of residency is required at each certification. Acceptable forms of documentation include, but are not limited to:

- Current utility or cable bill
- Current rent or mortgage document
- Driver's license with current address
- Pay stub
- Letter from a homeowner that the person(s) resides within their home
- Mail with current postmark (cannot be a PO Box address)
- Shelter / church / social service letter on letterhead
- State or local document that can only be obtained with proof of address

The type of documentation is recorded on the Family screen of the AIM system.

Institutional Residence

If the participant resides in an institution (i.e., homeless shelter, shelter for victims of domestic violence, home for unmarried mothers, penal institution), the following conditions must be met:

- WIC foods benefit the participant and not the institution (i.e., the institution must not accrue financial or in-kind benefit from the resident's participation in WIC)
- WIC foods are used by the WIC participant only
- The institution allows and encourages the participant to partake of supplemental foods and all associated WIC services made available to participants by the Local Agency (i.e., education, referrals)

Note: Institutional proxies may not pick up Food Instruments for all WIC participants in their institutions.

The State Agency and / or Local Agency will establish, to the extent practicable, whether institutions are in compliance with the conditions for WIC participation as stated above.

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Chapter Two

Certification

Section C

Residency (Continued)

Non-Compliant Institutions Participants

If the institution where a participant is staying is found to be noncompliant with any of the above three (3) conditions:

- During the initial certification, the participant will continue to receive all WIC benefits
- The participant applies for continuing benefits and still resides in the institution, the State agency will discontinue provision of food other than formula and the participant will continue to be eligible for WIC education and health care referrals
- The State and / or Local Agency will refer the participant to other accommodations, where possible

Applicants with No Proof of Residency

When an applicant has proof of residency but did not bring it to the certification appointment, they are to complete and sign the top of the Arizona WIC Program Documentation of Waiver Form declaring his/her residency. They are to be issued one (1) month of Food Instruments and must bring proof of identification to the clinic within thirty (30) days.

When an applicant has no proof of residency as a result of being a victim of theft, loss, or disaster an applicant must complete and sign the Arizona WIC Program Documentation of Waiver Form declaring his/her residency (see Appendix D). The Waiver Form will be filed in agency's daily file or participant's file.

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Certification

Section D

Ethnic Data Collection

Race/Ethnicity Determination

In order to comply with a Federal mandate by the United States Department of Agriculture (USDA), all applicants will be verbally asked to declare their race and ethnicity. Self-declaration at the time of initial certification is the preferred method of obtaining this data; if, after being asked to self-declare, the applicant does not provide the information, the WIC staff member must visually observe the applicant's race and ethnicity and record in AIM by selecting the ethnicity that they think is most applicable, selecting the race "White" and "Client Refused, Observed by Staff." The choice "White" as the race has been made the default (automatic choice) for situations such as described above.

All applicants will be classified as one of the following ethnicities:

- Hispanic or Latino
- or
- Not Hispanic or Latino

Additionally, all applicants will be classified by one or more of the following races:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Applicants can choose as many races as are appropriate.

Chapter Two Certification

Section E Income Eligibility

Policy

WIC applicants will have their income evaluated at each certification using procedures outlined in this section (see Appendix E for Income Guidelines chart).

All applicants will provide documentation of income through:

- Proof of participation in an adjunctively eligible program (preferred)
or
 - Proof of income
-

Determining Household Size/ Economic Unit

Household / economic unit is defined as a group of related or non-related individuals who are living together as one economic unit.

Household / economic unit members share economic resources and consumption of goods and / or services. The terms “economic unit” or “household size” can be used interchangeably. However, “economic unit” is a more appropriate term to use because it conveys that familial relationship is not relevant to the determination of family size and income.

AZ KidsCare

In Arizona, the State Children’s Health Insurance Program (SCHIP) is called KidsCare and is not an adjunctive eligibility program for WIC, as its income determination level is up to 200% of current Federal Poverty Guidelines.

Adopted Child

When a child has been adopted by a family, the child is counted in the household size of the family. The size and total income of that economic unit will be used to determine if the child is income eligible for WIC.

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Section E

Income Eligibility (Continued)

Foster Child

If an infant or child is in the care of foster parents, Child Protective Services (CPS), or other child welfare authorities, the infant or child will be considered a family of one (1); this income is to be documented in the Income Individual section of the Eligibility button on the Client Registration screen in AIM. The placement paper, commonly called "Notice to Provider," is required to make the foster parents the Authorized Representatives. Documentation of this paper will be recorded in the Notes section of the Client Registration screen of the AIM system. The same placement paper is acceptable documentation for adjunctive eligibility if the Comprehensive Medical and Dental Program (CMDP) medical insurance number is listed. The payments made by the welfare agency or received from other sources for the care of that child will be considered to be the only income.

Note: Families with multiple foster children can share a Family ID number in AIM; they must, however, each have income documented in the Income Individual section of the Eligibility button on the Client Registration screen.

Military Family

Military personnel serving overseas or assigned to a military base, even though they are not living with their families, should be considered members of the economic unit.

Military dependents (infant, child, or woman) placed in the temporary care of friends or relatives who are dependant on that household to provide food, utilities, etc., should be considered a part of that household / economic unit during certification. If the applicant receives funds to sustain her / himself (beyond in-kind housing), s/he may be counted as a separate economic unit.

When military personnel use alternative methods of depositing paychecks (waiving military income documentation) and / or receive combat / hazardous duty pay, the income over last 12 months can be used. See Appendix M for further clarification.

Note: Military housing allowances are not considered income.

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Section E

Income Eligibility (Continued)

Pregnant Woman	A pregnant woman's household is assessed by increasing it by the number of expected infants (unless the applicant has religious or cultural objections which preclude this).
Resident of Institutions	<p>The resident of an institution is assessed as a separate economic unit from the institution.</p> <p>The institution must meet the conditions as outlined in the previous section on institutional residency.</p>
Co-living	<p>Two (2) separate households / economic units residing at the same address under the same roof may be considered separate households / economic units. Each household must have an adequate source of income to cover expenses, such as rent, food, utilities, and other, to be determined as separate households / economic units.</p> <p>When unmarried individuals reside together as an economic unit, the income and household size of both parties will be used in determining income eligibility.</p>
Separated Family	When a family separates, the child is counted in the family with whom the child lives.
Custody	The parents with whom the child spend(s) a majority of their time can claim the child in reporting household size. Child support payments are considered income for the family with whom the child lives, but cannot be deducted from the income of the person making the payments.
Teen	An applicant who is under eighteen (18) years of age will have her household assessed following the rules which apply to any other economic unit (see Household / Economic Unit above).
Instream Migrant Worker	Instream migrant farm workers with expired Verification of Certification (VOC) cards are income-eligible as long as their income is determined at least once every 12 months.

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Chapter Two

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Section E

Income Eligibility (Continued)

Date of Income Determination

Determination of income eligibility will be made at the time of certification. The date of certification on the Rights & Obligations Form and the Identification Folder / Transfer Card will be the date income eligibility was determined.

Income Standards

The State Agency will adopt the income standard of 185% of the current DHHS Poverty Guidelines as its eligibility standard. Local Agencies will implement the federally established income eligibility standards for their program (see Appendix E).

All data used to determine income eligibility will be reflective of the applicant's total household income and applicant's status at the time of certification.

Adjunctive Eligibility

When an applicant, or in some cases a family member, participates in a federal or state program with income guidelines that are equal to or below the WIC income guidelines, the applicant is allowed to enroll in the WIC program without duplication of their initial income screening.

An applicant is adjunctively income eligible for WIC if documentation shows that the individual is:

- Certified as fully eligible to receive benefits from the Food Stamp Program, AHCCCS (including SOBRA), Temporary Assistance for Needy Families (TANF) program(s) or Section 8 housing
 - A member of a household containing either a TANF recipient or a pregnant woman or infant enrolled in AHCCCS
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Section E

Income Eligibility (Continued)

Documentation of Income

Income received by each member of the economic unit must be confirmed by paper or an official verification system. Photocopies are not required by the State Agency, but the source of income will be documented on the Client Registration screen of the AIM system. Documentation can represent the past twelve (12) month's income or current rate of income, whichever is most representative of the family's status.

The number of household members is noted on the Client Registration screen of the AIM system.

Acceptable types of documentation of income include, but are not limited to:

- Pay stubs
- W-2 forms
- Unemployment form
- Statement signed and dated by employer
- Tax reporting forms

Applicants with No Proof of Income

Lack of income documentation cannot be a barrier to receiving WIC services, such as in the case of the homeless, migrant farm workers or people who work for cash. If the applicant cannot document income or declares no income exists, the applicant must complete and sign the bottom of the Arizona WIC Program Documentation of Waiver Form (see Appendix D). The form serves as income documentation for the entire certification period and will allow more than one (1) month of Food Instruments to be issued.

The form must be kept in the agency's daily file or participant's file. The use of the Waiver Form is to be documented in the Income screen of the AIM system using a 'Code 20- Waiver Form' or 'Code 10-Forgot Documentation / Waiver' as the form of documentation; staff also needs to document on the Family screen in the Communications button that the Waiver Form was used to declare zero income. Staff must check this Communications button prior to allowing an applicant to declare zero income to ensure that they have not declared zero income previously.

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Section E

Income Eligibility (Continued)

Waiver Form Explanation

The Waiver Form has several uses in the Arizona WIC program. It is separated into two (2) sections, top and bottom, and each section has a different use.

- 1.) The top of the Waiver Form is used when the applicant has documentation of income, address, or identification, but did not bring it to the certification appointment.

The top of the form is to be completed by:

- Checking the box that corresponds to the type of documentation that was forgotten
- The applicant filling their name in the blank line and signing and dating it
- The WIC staff member signing and dating on the appropriate lines.

Note: The top of the Waiver Form will only allow one (1) month of Food Instruments to be issued. Use 'T' self declared as source and 'Code 10- Forgot Documentation / Waiver' as documentation in AIM.

- 2.) The bottom of the Waiver Form is used when the applicant does not have documentation of income, address, or identification because documentation does not exist.

The bottom of the form is to be completed by:

- Checking the box that corresponds to the type of documentation that the applicant does not have
- The applicant filling their name in the blank line and signing and dating it
- The WIC staff member signing and dating on the appropriate lines.

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Section E

Income Eligibility (Continued)

Waiver Form Explanation (Continued)

2.) Continued

Notes:

- a. In the case of no income documentation, the applicant must declare a total gross household income amount and the appropriate interval (i.e., weekly, monthly, yearly) and include the reason for no documentation.
- b. In the case of no address or identification documentation, the applicant must state the address where they are currently residing (if applicable) and include the reason for no documentation.
- c. The bottom of the Waiver Form is good for the entire certification period and will allow more than one (1) month of Food Instruments to be issued. Use 'Code 20-Waiver Form' as documentation in AIM.

- 3.) The bottom of the Waiver Form is also to be used when an applicant declares an income amount of zero. In this case, the middle box on the bottom half of the Waiver Form is to be checked. The applicant must state from where they are receiving food and housing.

Note: 'Zero income' will not be a barrier to receiving WIC services. The applicant can declare zero income only once during their participation in the WIC program, not once per certification period.

Thereafter, the Local Agency WIC staff will assist the client in determining the in-kind income s/he receives, i.e., housing, food, and clothing. Fill out the bottom of the Waiver Form, stating the amount of in-kind income that you determine they are receiving and a reason for no existing documentation. In AIM, enter the amount of in-kind income along with the appropriate interval; use 'Code 20- Waiver Form' as the documentation and 'T - Self-Declared' as the income source.

Continued on Next Page

Chapter Two Certification

Section E Income Eligibility (Continued)

Documentation of Adjunctive Eligibility

The Local Agency will use income information appropriate to the circumstances of the applicant. The type of documentation will be noted on the Client Registration screen of the AIM system. Acceptable documents (eligibility dates must be included):

- TANF - approval letter
- AHCCCS - decision letter with current eligibility dates
- Food Stamp Program – most recent certification letter
- Section 8 housing award letter

NOTE: Electronic Benefits Transfer (EBT) cards are not proof of current Food Stamp Program or other adjunctive program participation, unless the card shows a current period of eligibility. Eligibility and participation in an adjunctively eligible program can be confirmed with an official verification system, such as a dial-up confirmation with AHCCCS.

When a participant has documentation of current eligibility / participation in one of these four programs at the time of certification, enter it into the AIM system as follows:

1. Enter the appropriate interval (ie, weekly, monthly).
2. Enter the dollar amount of estimated income disclosed by the participant (proof may be provided, but is not necessary).
3. Enter the source as **S** (Adjunctively Eligible program) if proof of income was provided or **T** (self-declared) if proof of income was not provided.
4. Enter the form of documentation shown by the participant (TANF / AHCCCS / Food Stamp / Section 8 housing letter).

If only a child / children is adjunctively eligible, which requires the other family members to use another source of income documentation, document the child as adjunctively eligible under 'Income Individual' and the other family members under 'Income Family.' This will ensure that the two income amounts are not added together in the AIM system.

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Chapter Two

Certification

Section E

Income Eligibility (Continued)

No Proof of Adjunct Eligibility at Certification and Forgot Income Documentation

If an applicant does not provide proof of participation in an adjunctively eligible program, the applicant is to self-declare an estimated income amount and corresponding interval and fill out the top section of the Arizona WIC Program Documentation of Waiver Form (see Appendix D), stating that income documentation exists but was not brought to the appointment, check the 'Proof of Income' box and both the WIC staff member and the Authorized Representative sign the form. The form must be kept in the agency's daily file or participant's file. The applicant will be certified and receive only one (1) month of Food Instruments. They will be instructed to bring proof of income or proof of adjunct eligibility to their next appointment. If income or adjunct program documentation is not provided within the thirty (30) day period, applicants cannot receive WIC benefits until a time when they can bring in documentation.

This will be documented in the Income screen in the Eligibility button of the Client Registration screen in AIM as follows:

1. Enter the appropriate interval (ie., weekly, monthly).
2. Enter the dollar amount of estimated income disclosed by the participant (no documentation is needed).
3. Enter 'T- Self Declared' as source. **NOTE: S** (Adjunctively Eligible program) cannot be used.
4. Enter '10' (Forgot Documentation / Waiver) as the form of documentation.

At the next appointment, WIC staff will update the source and documentation in the Income screen in AIM and may issue multiple months of Food Instruments.

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Chapter Two

Certification

Section E

Income Eligibility (Continued)

Migrants

Determination of income eligibility will be made once every twelve (12) months for migrant field workers, including qualifying loggers and their families. The migrant status will be indicated on the Arizona WIC identification folder, indicating exemption from having income determination repeated within a twelve (12) month period.

Reassessment of Income mid- certification

The local agency must reassess a participant's income eligibility during the current certification period if the local agency receives information indicating that the participant's household income has changed. However, if there is 90 days or less before the certification period expires, then a reassessment is not required.

Disqualification During a Certification Period

Individuals may be disqualified during a certification period if a reassessment identifies that they are no longer income eligible or adjunctively income eligible. However, such persons cannot be disqualified from WIC solely on the basis of cessation of benefits from TANF, AHCCCS, Food Stamps, or other State-administered programs. They will be reassessed under other income criteria before being disqualified.

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Chapter Two

Certification

Section E

Income Eligibility (Continued)

Income / Gross Income Determination

Income

Gross cash income before deductions such as income taxes, employee's social security taxes, insurance premiums, bonds, etc.

The exceptions are farming or self-employment, where net income is used as the criteria.

Income Includes the Following:

Wages

Monetary compensation for services, including wages, salary, commissions, tips, or fees.

**Active Military
Payments**

Recent leave and earning statement.

**Military
CONUS COLA**

Continental United States Cost of Living Allowance (CONUS COLA) provided to military personnel in designated high-cost areas within the continental United States. See Appendix M for further clarification.

**Farm/Self-
Employment**

Income from farm and non-farm self-employment. This is net income (total dollars made in the business minus operating expenses) as calculated by schedule C of IRS form 1040 or a ledger of business operations.

Social Security

Check stub / award letter as documented by current bank statements.

**Dividends/
Trusts/
Rental Income**

Dividends or interest on savings or bonds, income from estates or trusts, or net rental income as documented by Federal Income Tax Record for most recent calendar year.

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Chapter Two

Certification

Section E

Income Eligibility (Continued)

Income (Continued)

Public Assistance

Public Assistance or Welfare payments.

Note: Persons receiving TANF, AHCCCS, Food Stamps or Section 8 housing benefits are automatically income eligible for WIC.

Unemployment

Unemployment compensation as documented with approval letter or check stub(s).

**Retirement/
Pensions/
Annuities**

Government civilian employee or military retirement; pension or veteran's payments; private pensions or annuities. Documentation includes income tax return for most recent calendar year.

**Alimony and
Child Support**

Alimony and child support payments. Child support payments are considered income for the family with whom the child lives, but cannot be deducted from the income of the person making the payments.

Contributions

Regular contributions from persons not living in the household. Appropriate documentation would be a letter from the person contributing resources to the household.

Royalties

Net Royalties

**Other Cash
Income**

Other cash income includes, but is not limited to, cash amounts received or withdrawn from any source, including savings, investments, trust accounts, and other resources which are readily available to the family.

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Chapter Two

Certification

Section E

Income Eligibility (Continued)

Income (Continued)

Lump Sum Payments

Lump sum payments, which represent “new money” that are intended for income, are counted as income. Lump sum payments include gifts, inheritances, lottery winnings, workers compensation for lost income, severance pay, and insurance payments for “pain and suffering.” Lump sum payments for winnings and proceeds from gaming, gambling, and bingo are also counted as income. The lump sum payment may be counted as annual income or may be divided by twelve (12) to estimate a monthly income, whichever is most applicable.

Note: Lump sum payments that represent reimbursement for lost assets or injuries should not be counted as income. This includes amounts received from insurance companies for loss or damage of personal property or payment for medical bills resulting from an accident or injury.

Student Financial Assistance

Student financial assistance used by the student for room and board and for dependent care expenses is considered income.

Note: Financial assistance that is used for tuition, transportation, books, and supplies is exempt.

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Chapter Two

Certification

Section E

Income Eligibility (Continued)

Income exclusions include, but are not limited to, the following:

Military Housing Allowance	Any basic allowance for quarters received by military services personnel residing off military installations or bases.
Armed Forces Family Subsistence Supplemental Allowance (FSSA)	Payments received under the Armed Forces Family Subsistence Supplemental Allowance (FSSA), to bring a household's income up to 130% of the Federal Poverty Level, are not to be counted as income or resources.
In-Kind / Non-Cash Benefits	Any benefit of a value which is not provided in the form of cash money is considered an in-kind benefit and is not counted as income.
Federal Program Benefits	<p>Benefits provided under the following Federal Programs or Acts include, but are not limited to:</p> <p>Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended in 1987.</p> <p>Any payment to volunteers under Title I (Volunteers in Service to America (VISTA) and others or Title II (Retired and Senior Volunteer Program (RSVP), Senior Companions Program (SCP), Foster Grandparents Program and others) of the Domestic Volunteer Services Act of 1973, to the extent excluded by the act.</p> <p>Payment to volunteers under Section 8 (b) (1) of the Small Business Act Service Corps of Retired Executives (SCORE) and Active Corps Executives (ACE).</p> <p>Payments received under the Job Training Partnership Act (Adult and Youth Training Programs, Summer Youth Employment and Training Programs, Dislocated Worker Programs, Programs for Migrant and Seasonal Farm Workers, Veterans and the Job Corps).</p>

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Chapter Two

Certification

Section E

Income Eligibility (Continued)

Income Exclusions (Continued)

Federal Program Benefits (Continued)

Payments under the Low-income Home Energy Assistance Act, as payment under the Disaster Relief Act of 1974, as amended by the Disaster Relief and Emergency Assistance Amendments of 1989.

Payments received under the Carl D. Perkins Vocational Education Act, as amended by the Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990.

The value of any child care payments made under section 402 (g)(1)(E) of the Social Security Act, as amended by the Family Support Act, including:

- Aid to Families with Dependent Children (AFDC)
- Title IV – A Child Care Program
- JOBS Child Care Program

The value of any “at risk” block grant child care payments made under section 5081 of Public Law 101 – 508, which amended section 402(i) of the Social Security Act.

The value of any childcare provided or paid for under the Child Care and Development Block Grant Act, as amended.

Mandatory salary reduction amount for military personnel, which is used to fund the Veteran’s Educational Assistance Act of 1984, as amended.

Payments received under the Old Age Assistance Claims Act, except for per capita shares in excess of \$2,000.

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Chapter Two

Certification

Section E

Income Eligibility (Continued)

Income Exclusions (Continued)

Federal Program Benefits (Continued)

Payments received under the Cranston-Gonzales National Affordable Housing Act, unless the income of the family equals or exceeds 80% of the median income in the area.

Payments received under the Housing and Community Development Act of 1987, unless the income of the family increases at any time to not less than 50% of the median income of the area.

Benefits received through the Farmer Market Demonstration Project under Section 17 (M)(7)(A) of the Child Nutrition Act of 1966, as amended.

Under the Social Security Act, as amended with the Prescription Drug Card, persons receiving the prescription discount and / or the \$600 subsidies shall not have these benefits treated as income.

Loans

Loans, such as bank loans, are not counted as income.

Lump Sum/ Large Cash Payments

Lump sum payments or large cash settlements (i.e., compensation for a loss such as an insurance settlement to pay for damage to a house or car). Also includes payments that are intended for a third party to pay for a specific expense (i.e., payment for medical bills resulting from an accident or injury.)

Note: If the lump sum payment is put in a savings account and the household regularly draws from that account for living expenses, the amount withdrawn is counted as income.

Employer Contributions

Employer qualified benefits, i.e., benefits that the employer pays for (health care, vision, dental care, life term group insurance, disability, certain other benefits and flexible spending accounts) that are made pursuant to salary reduction agreements between the employer and the employee are not counted as income.

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Chapter Two

Certification

Section E

Income Eligibility (Continued)

Income Exclusions (Continued)

**Income of/
Payments to
Native Americans**

Income derived from certain sub-marginal land of the United States that is held in trust for certain tribes.

Income derived from the disposition of funds to the Grand River Band of Ottawa Indians.

Payments received under the Program for Native Americans.

Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members, received pursuant to the Maine Indian Claims Settlement Act of 1980.

Payments received under the Alaska Native Claims Settlement Act.

Payments received under the Sac and Fox Indian Claims Agreement.

Payments received under the Judgment Award Authorization Act, as amended.

Payments to the Blackfeet, Groventre and Assiniboine tribes (Montana) and the Tohono O'odham Nation, a.k.a. Papago tribe (Arizona).

Payments to the Red Lake Band of Chippewas, the Chippewas of Mississippi, and the Turtle Mountain Band of Chippewas (Arizona).

Payments for relocation assistance for Navajo and Hopi Tribe members.

Payments received under the Saginaw Chippewa Indian Tribe of Michigan Distribution of Judgment Funds Act.

Payments to the Assiniboine tribe of the Fort Belknap Indians Community and the Assiniboine Tribe of the Fork Peck Indian Reservation (Montana).

Chapter Two

Certification

Section F

Categorical Eligibility

A potential participant must be:

Pregnant Woman	A pregnant woman (proof of pregnancy is not required).
Postpartum Woman	A postpartum woman up to six (6) months after the end of the pregnancy.
Breastfeeding Woman	A woman who breastfeeds an infant at least one time per day, up to one (1) year or until she completely stops breastfeeding before the infant turns one (1) year old (this includes a wet nurse, adoptive mother and / or foster mother who choose to breastfeed <u>and</u> the infant's biological mother is not certified as a breastfeeding woman).
Infant	An infant until their first (1) birthday.
Child	A child between the ages of one (1) year and the last day of the month in which the child turns five (5) years old.

Chapter Two

Certification

Section G

Health Assessment

Policy	Individuals applying for enrollment in the Arizona WIC Program must have at least one (1) nutrition risk factor to be eligible for participation. The Local Agency will determine the nutrition risk of an applicant after a medical and nutritional assessment. Refer to the Arizona WIC Anthropometric Module for accurate height / length and weight measurements to help determine WIC eligibility.
USDA Criteria	The State of Arizona has adopted the Risk Criteria developed by the Risk Identification and Selections Collaborative (RISC) Committee for the National WIC Association (NWA) and the Food and Nutrition Service (FNS) divisions of the USDA.
Arizona Risk Criteria	A list of applicable risk factors, priorities, documentation requirements, and mandatory nutrition intervention is outlined in Appendix H of this chapter.
Other Risk Factors	A list of risk factors not currently recognized by the Arizona WIC Program can be found in Appendix I of this chapter.

Chapter Two

Certification

Section G

Health Assessment (Continued)

Certifiers

The competent professional authority (CPA) on staff at the Local Agency is responsible for determining nutrition risk and prescribing supplemental foods.

Persons authorized to serve as CPAs are individuals who have documentation on file verifying that they have been trained in certifying participants and prescribing supplemental foods:

- Physicians
 - Nutritionists (B.S., B.A., M.P.H. or M.S. in nutrition, dietetics, public health nutrition, or home economics with emphasis in nutrition), registered dietitians
 - Registered nurses
 - Physician's assistants (certified by the National Committee on Certification of Physician's Assistant or certified by the State medical certifying authority)
 - Trained paraprofessional (community nutrition workers [CNWs], health aides, etc.)
-

Chapter Two

Certification

Section H

Dietary Assessment

Diet Assessment A diet assessment provides WIC staff with useful information to assess the participant's dietary intake, to identify nutrition risks and to provide counseling based on the assessment. Dietary risks will be assessed through the health history questions and nutrition questionnaires in the Diet Assessment screen in AIM.

Identification and documentation of dietary risks A complete dietary assessment is required at each participant certification. If a dietary risk is identified, the reason for the dietary risk will be documented in the Care Plan screen in AIM.

A complete dietary assessment and risk assignment will consist of the following:

- Complete the AIM Health History questions.
- Complete the category-specific nutrition questionnaire in the AIM Diet Assessment screen (see Appendix F).
- Manually assign any dietary risks that are identified through the questionnaires in the AIM Health screen and document the reason in the AIM Care Plan screen.
- Assignment of Risks 401 or 428 should only be used after no other nutrition risk or dietary risk is identified for eligibility.

Instructions for completion of the AIM Diet Assessment can be found in Appendix G of this chapter.

Dietary Risk Codes Dietary criteria to assess risk indicators are current to USDA WIC Policy Memorandum 98-9, Revision 8 and Revision 9.

Chapter Two

Certification

Section I

Risk Identification

Policy	Applicants will be assigned all nutrition risks that apply, according to the Arizona in Motion (AIM) automated system and the Nutrition Risk Factor Manual.
Documentation	Documentation is required for certain nutrition and medical risks. These risks, as found in the Health screen in the AIM system, require a physician's diagnosis and must be documented by the physician (Medical Doctor [M.D.] or Doctor of Osteopathy [D.O.]) or their assistant (Nurse Practitioner [N.P.] or Physician's Assistant [P.A.]). Applicants will be assigned all nutrition risks that apply, according to the Arizona in Motion (AIM) automated system and the Nutrition Risk Factor Manual.
Self-Reporting or Self- Diagnosis	<p>Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person reports to have or have had a medical condition, without any reference to a professional diagnosis. A self-reported medical diagnosis such as "My doctor says that I have / my son or daughter has..." should prompt the CPA to validate the presence of the condition by asking more in-depth questions related to the diagnosis.</p> <p>Self-reporting of "History of" conditions should be handled in the same manner as self-reporting of current conditions that require a physician's diagnosis. The applicant may report to the CPA that s/he was diagnosed by a physician with a given condition in the past. Again, self-diagnosis of a past condition should not be confused with self-reporting.</p>

Chapter Two

Certification

Section J

Priorities

Special Note	The priority which indicates the greatest level of risk will be used to certify the applicant.
---------------------	--

Priority Categories for WIC services are the following:

Priority I	Pregnant and breastfeeding women and infants at risk based upon hematological or anthropometric measurements or other documented nutritionally-related medical condition. Women that are breastfeeding Priority I infants with risk other than 702 or infants breastfed by Priority I women with risks other than 601.
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Priority II	Infants up to six (6) months of age born to women who participated in WIC during pregnancy. Infants up to six (6) months of age born to women who would have been WIC-eligible based upon hematological or anthropometric measurements or other documented nutritionally-related medical conditions. Women that are breastfeeding Priority II infants with risk other than 702.
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Priority III	Children and some postpartum women at risk based upon hematological or anthropometric measurements or other documented nutritionally-related medical conditions.
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Priority IV	Pregnant and breastfeeding women and infants at risk due to inadequate dietary patterns.
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Priority V	Children at risk because of inadequate dietary patterns.
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Priority VI	Postpartum women at nutritional risk.
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Priority VII	Participants who might regress in nutritional status without continued provision of supplemental foods. Note: Regression may not be used for initial certification, may not be used for infants, and may not be used consecutively as a reason for recertification. Regression can only be used twice in a five-year period.
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Chapter Two Certification

Section K WIC Rights and Obligations

WIC Rights and Obligations

Participants must be informed of their WIC Rights and Obligations at every certification. This information must include:

- Explanation of the WIC Rights and Obligations Form
 - Availability of Health Services
 - Food Delivery System
-

Documentation

Documentation of WIC Rights and Obligations must be done at every certification. This documentation must be recorded in the Care Plan screen of AIM for each participant.

WIC Rights and Obligations Form

For applicants determined eligible to participate in WIC, in a language the participant understands, the certifier will explain the Rights and Obligations Form (see Appendix B), including:

- The illegality of simultaneous participation in more than one (1) WIC and / or CSF Program
 - WIC does not discriminate
 - Policy and procedure on the following, if applicable:
 - Actions that may cause the participant to become disqualified
 - Right to appeal
 - An explanation about program disqualifications for errors and / or abuse
-

Availability of Health Services

In a language that the participant understands, the certifier will discuss the availability of health services, including:

- The types of health services
 - The types of referral services
 - The location of services
 - How services are obtained
 - The reason why services are useful
-

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Chapter Two

Certification

Section K

WIC Rights and Obligations (Continued)

Food Delivery System

In a language that the participant understands, the certifier will discuss the food delivery system, including:

- Which foods are authorized for purchase with WIC Food Instruments
 - Authorized Arizona WIC vendors
 - How to use the Food Instruments:
 - Food Instruments will only be used at Arizona WIC authorized vendors.
 - Food Instruments will be used to purchase only those foods in the quantity (and / or brands) specified on the Food Instrument.
 - Food Instruments cannot be exchanged for cash, non-authorized food items, or credit.
 - Food Instruments will be used after issue date and before void date.
 - Participant must inform cashier that they will be using WIC Food Instruments.
 - WIC foods will be separated from other foods and according to each Food Instrument.
 - The cashier will fill in the cost of the purchased WIC foods (as specified on the Food Instrument).
 - The participant must verify amount & date of use written on Food Instrument.
 - The Food Instrument will be signed, in ink, after the cashier fills in the date of use and the cost of the WIC foods. Participant / Authorized Representative must sign with their normal signature.
 - The signature on the Food Instrument must match the signature on the WIC ID Folder.
-

Chapter Two

Certification

Section L

WIC Rules and Regulations and Education

Documentation	Documentation of education and WIC Rules and Regulations must be done at every certification. This documentation must be recorded in the Care Plan screen of AIM for each participant.
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Education	In terms and language that the participant understands, the certifier will:
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- Explain the risk factor(s) which make(s) the participant eligible for WIC
 - Develop a plan and deliver nutrition education, which is based on individual needs and risks
 - Make referrals based on nutrition risks and needs
-

WIC Rules and Regulations	At each certification, participants will be informed of the WIC Rules and Regulations, which include:
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- The duration of the certification period
 - An explanation of why the participant is qualified by income, category and nutrition risk
 - The purpose of the Identification (ID) Folder / Transfer Card, including, but not limited to:
 - The ID Folder / Transfer Card is the participant's form of identification and they must bring it to the store with them
 - The signature on the ID Folder / Transfer Card must match the signature on the Food Instrument
 - The ID Folder / Transfer Card must be filled out completely (see Appendix C)
 - An explanation of the food package and how these foods can improve their health status
 - Option to report problems with a WIC vendor, WIC participant, WIC employee or WIC fraud by calling: 1-866-229-6561
 - Option to register to vote
-

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Chapter Two

Certification

Section L

WIC Rules and Regulations and Education (Continued)

WIC Rules and Regulations (Continued)

At each certification, participants will be informed of the WIC Rules and Regulations, which include (continued):

- Food Instrument and VOC / ID Folder Security
- Participants / Authorized Representatives will keep scheduled appointments or notify Local Agency staff if unable to do so.
- Use of a Proxy
- Verification of marks if the applicant cannot write his or her name

We do not require participants to bring their receipts to their appointments; however, we can encourage them to review them from WIC purchases to ensure that appropriate items were charged and no sales tax is included in total purchase price.

Chapter Two Certification

Section M Referrals

Documentation

Documentation of referrals must be done at every certification. This documentation must be recorded in the Care Plan screen of AIM for each participant.

Referrals

The following referrals must be given to participants or their Authorized Representatives when appropriate:

- Food Stamps (all)
 - Temporary Assistance for Needy Families (TANF) (all)
 - Medicaid (AHCCCS) Income Guidelines (all)
 - Child Support Enforcement when parents of child WIC participant aren't together
 - Immunizations (children under age 2)
 - Substance Abuse (all)
 - Folic Acid supplements and education (postpartum women)
 - Universal lead screens for all WIC children in Arizona. The Lead Screening policy and procedures can be found in Chapter 6 of the Arizona WIC Policy and Procedure Manual, Section I - Lead Screening.
-

Updated List of Referrals

All Local Agencies will keep an updated list of referral agencies in their community to which they refer WIC participants. The list should include, at least, the following information:

- Program name
 - Address
 - Phone number
 - Days and hours of service
-

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Chapter Two Certification

Section M Referrals (Continued)

Release of Information

An applicant or participant requesting information be sent to a third party or organization, i.e., a doctor or a health maintenance organization, must sign a release form (see sample form in Chapter 14, Appendix C).

Signing the release is a voluntary act and not a condition of eligibility or participation. The Local Agency must ensure that applicants / participants are aware they can decline to sign a release form without jeopardizing their program status. The release form must contain a statement that informs the applicant / participant of this right. The release form should not be signed until the certification process is completed and the applicant has been informed of the eligibility determination.

Also see Chapter 14 Section D: Release of WIC Client Records, Subpoenas, and Search Warrants for release of any information.

Chapter Two

Certification

Section N

Ineligibility

Notification of Ineligibility

The applicant will be given the Arizona WIC / CSF Programs “Notification of Ineligibility” (see Appendix J) which states the reason (see below) for the determination and how to appeal the decision. The applicant must sign the letter, indicating that they understood why they are not eligible. This documentation is to be kept in the agency’s file.

- Categorical ineligibility
 - Residence outside of Arizona
 - Income above maximum allowable income
 - Lack of nutrition risk (This implies that a Rights and Obligations Form has been signed, blood work has been performed, and a Diet Recall has been completed.)
 - Current participation in CSFP
 - Other: The specific reason must be noted
-

Information About Reapplication

Applicants will be informed on how to reapply if conditions change or if they obtain the necessary documentation.

Right to Fair Hearing

Applicants who are denied WIC services must be notified of their right to appeal. See Chapter 16.

Referrals

Applicants will be given written information regarding other food assistance programs for which they may be eligible.

Timeline

For those participants who become ineligible to continue participation in the Arizona WIC program, the following will occur:

- Local Agencies will notify participants at least fifteen (15) calendar days prior to the effective date of their ineligibility.
 - Local Agencies will notify participants at least fifteen (15) calendar days before the expiration of each certification period that their WIC certification is soon to expire. The participant will be referred to CSFP if appropriate.
 - A person who is about to be suspended or disqualified from program participation at any time during a certification period will be advised in writing no fewer than fifteen (15) calendar days before the suspension or disqualification.
-

Chapter Two

Certification

Section O

Authorized Representative

Policy

An Authorized Representative can be one of the following:

- Parent(s)
 - Caretaker
 - Legal guardian
 - Relative with whom the participant lives
 - Spouse or significant other
-

Procedure

At certification, the Local Agency can identify two (2) Authorized Representatives who can sign the WIC ID Folder. This is the only time that the ID Folder can be signed.

The Authorized Representative(s) will be instructed on the Rules and Regulations of the WIC program, including how to use WIC Food Instruments.

The Authorized Representative(s) can pick up Food Instruments and use them at the store.

If a participant is unable to understand the Rules and Regulations, an Authorized Representative will be appointed to accompany them at certification and clinic visits.

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Chapter Two

Certification

Section O

Authorized Representative (Continued)

Change of Authorized Representative during a Certification period

When the Authorized Representative of a WIC participant changes during a certification period (and the original Authorized Representative does not come to the appointment with the Authorized Representative) stating that the infant / child is currently under their care, the clinic may issue up to 3 months of Food Instruments to the infant / child if ALL the five (5) following conditions are met:

- 1) The new Authorized Representative must bring the infant / child participant to the WIC appointment. If they do not bring the infant / child to the clinic, they are to be rescheduled.
- 2) The new Authorized Representative must show proof of the infant / child's ID or the WIC ID Folder. If ID is not available, the Waiver Form procedures are to be followed.
- 3) The new Authorized Representative must SIGN a written statement in the WIC office declaring that they are caring for the infant / child and an explanation of the circumstances that led them to becoming the caretaker.

EXAMPLE: I, _____ (name) _____, have become the caretaker of _____ (name) _____, date of birth _____, because _____ (reason) _____. The former Authorized Representative, _____ (name) _____, is no longer the caretaker for this child. If this situation changes, I will immediately notify the WIC clinic.

Signature: _____ Date: _____

WIC Staff Member Signature: _____

- 4) The WIC staff will assist in making the written statement if the new Authorized Representative is unable to write, and he or she must sign the statement or make their identifying mark.
- 5) The income of the new Authorized Representative still meets the WIC eligibility criteria.

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Chapter Two

Certification

Section O

Authorized Representative (Continued)

Change of Authorized Representative during a Certification period (Continued)

Clarification: In the case of a pregnant woman on bed rest prior to her certification, she may send someone to the clinic to serve as her Authorized Representative. This person must bring written documentation of her condition from one of the approved sources (Medical or Osteopathic Physician (MD or DO), Nurse Practitioner (NP) or Physician's Assistant (PA), the woman's proof of income, address, and identity; they will sign the Rights and Obligations form on her behalf and receive education on how to participate in the WIC program.

If the woman is put on bed rest during her certification, the new Authorized Representative must bring in the woman's ID Folder and written documentation of her condition from one of the above-listed sources. A new ID Folder will be made to reflect the new Authorized Representative.

PROCEDURE:

The new Authorized Representative will be required to bring the infant / child to the WIC appointment that is now in their care and sign a written statement stating that they are caring for the infant / child. A new Family ID number will be created in AIM to accommodate the new Authorized Representative's demographic information. (This procedure needs to occur even when the former and new Authorized Representatives are from the same household. This is not the same as a Proxy situation.) The infant / child will be transferred into this new family. The procedure is as follows:

1. Using the Client / Family Lookup or WIC Identification folder, identify the **correct participant to be moved** into the new family.
2. Write down the **Client ID** number.
3. If the new Authorized Representative already has an AIM record, query their record and go to the Client Registration screen in their record.
4. If the new Authorized Representative does not have an existing record in AIM, go to the Enrollment and Certification module; click on Certification Info and then Family Information. Create a new family by completing the Family Information screen. Save your work and move to the Client Registration screen.

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Chapter Two

Certification

Section O

Authorized Representative (Continued)

Change of Authorized Representative during a Certification period (Continued)

PROCEDURE (continued):

5. Be sure the correct Authorized Representative's information is at the top of the screen.
 6. Click in the **Client ID** field.
 7. Click on the **Query** icon. The Client ID field will go blank and turn gray.
 8. Enter the correct **Client ID** number for the person you want moved by typing it in.
 9. Click on the **Query** icon again.
 10. The client's information will populate the screen.
The client is now moved into the new Authorized Representative's record.
 11. Click **Save**.
 12. Proceed with transaction. **Note: the new Authorized Representative's income must be verified and documented.**
 13. The new Authorized Representative must sign the WIC Rights and Obligations form (to be kept in the agency's files) and a new WIC ID Folder must be issued and signed.
 14. The WIC staff member should also document in the Warning Notes box in AIM as to the change in the participant's Authorized Representative situation.
 15. A note will also be made in the Warning Notes box of the former Authorized Representative to provide the new Authorized Representative's name, AIM Family ID number and date of the change.
-

Chapter Two

Certification

Section P

Proxies

Policy

Participants / Authorized Representatives are encouraged to keep their appointments personally.

The Arizona WIC Program recognizes that the above is not always possible and will allow participants / Authorized Representatives to designate a Proxy to pick up their Food Instruments.

A Proxy:

- Must be at least 18 years old.
- Must bring in the participant's / Authorized Representative's Arizona WIC Program ID Folder / Transfer Card.
- Must accept training on program requirements, be given an explanation of their responsibilities and how to use the Food Instruments to purchase authorized WIC foods only.
- May receive nutrition education for participants, depending on their role in caring for the WIC participant.
- May do the shopping for the WIC participant or pick up and give the Food Instruments to the participant / Authorized Representative to use.

Continued on Next Page

Chapter Two

Certification

Section P

Proxies (Continued)

Procedure

Participant / Authorized Representatives may authorize a Proxy at certification or anytime during their certification period (see Appendix K). Proxies may only pick up one (1) set of Food Instruments per certification on behalf of the participant / Authorized Representative.

At Certification

- Local Agency staff will ask the participant / Authorized Representative if they would like to identify a person(s) (up to two (2)) to serve as a Proxy at any time during their certification period.
- Staff will explain the role of a Proxy to the participant / Authorized Represent.
- Proxies identified by the participant / Authorized Representative at certification will not need to bring a note to the clinic at the time of their visit. They will, however, need to show proof of identification by providing one of the documentation types found on the Client Registration screen of the AIM system.

Any time other than Certification:

- The Proxy must bring a signed note from the participant / Authorized Representative to the clinic. The note will state that the Proxy has permission to obtain the Food Instruments.
- Local Agency staff will verify that the signature on the note matches the participant's / Authorized Representative's signature on the Arizona WIC Program ID Folder / Transfer Card.
- The Proxy will need to show proof of identification by providing one of the documentation types found on the Client Registration screen of the AIM system.

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Chapter Two

Certification

Section P

Proxies (Continued)

Procedure (Continued)

Designated Proxy(ies) will be assigned as a Proxy in the Family Information screen of the participant's AIM record.

The Local Agency staff will:

- Add the person or persons' name(s) in the Proxy section.
- Add the code for Proxy form and the date that the Proxy is assigned in the Communications screen.
- Document any comments relevant to the Proxy assignment and / or issuance in the Comment section.

When Food Instruments are issued to a Proxy, the Local Agency staff will:

- Provide the proxy with the same training on WIC program requirements that is required for participants / Authorized Representatives, excluding the reasons that the participant is qualified by income and nutritional risk.
 - Print the Proxy Certification Form (PCF) and have the Proxy sign the form, in ink, with their normal signature (see Appendix K).
 - Make a copy of PCF and give the original to the Proxy.
 - Place a copy of the PCF and the authorization note (if applicable) in the Local Agency's centralized file.
 - Have the Proxy sign, in ink, with their normal signature, the Food Instrument signature page (receipt page).
-

Chapter Two Certification

Section Q Waiting Lists

Policy

When the number of participants receiving Food Instruments each month exceeds the Local Agency's assigned caseload, a waiting list may need to be initiated, following approval from the Arizona WIC Director. The lowest priority is closed first, the second lowest priority is closed next, and so on. Applicants are put on a waiting list until the priority is reopened (see Appendix A for Waiting List Notification form). When a closed priority is reopened, applicants are enrolled in a chronological order on the basis of the date of initial contact.

The Local Agency will work with the State Agency to implement these procedures.

Determination of Priority Closing

Managing Caseload

When the actual caseload numbers begin to exceed the assigned caseload numbers, priorities will have to be closed. The Local Agency will plan how many priorities need to be closed with technical assistance from the State Agency.

After planning how many priorities should be closed, the Local Agency will notify the State Agency by e-mail or fax and obtain written consent from the Arizona WIC Director before closing any priorities. This will allow additional review of caseload numbers by the State Agency and the impact from adjustments to insure that the least amount of disruption to customer service occurs.

Predicting Caseload

In order to determine the priorities that must be closed, use the Participation by Race and Ethnicity, Participant Status and the Termination reports in the Financial Management module of the AIM system. These reports will also assist in monitoring the caseload as the actual caseload numbers begin to adjust. Monitoring needs to occur monthly in the event that a waiting list is initiated.

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Chapter Two

Certification

Section Q

Waiting Lists (Continued)

Determination of Priority Closing (Continued)

**Participation by
Race and
Ethnicity Report**

This report lists participation by priority at the bottom of the page. The average percent by which the initial numbers drop to the closeout (month-end) figures may be calculated and used monthly to adjust the initial numbers with greater accuracy. By looking at the number of participants in each priority, a determination can be made regarding how many and which priorities must be served or closed in order to reduce caseload to the assigned numbers.

**Participant Status
Report**

This report shows the number of certifications new to the program and in-state and out-of-state transfers which occurred in the previous month. It can be used to project the approximate number of new applicants who may be added to the program in the coming months.

**Termination
Report**

This report shows the number enrolled in each priority (whether open or closed) who are due for a new certification or termination for each of the next four (4) months. Use this to determine how quickly the caseload will drop due to the closed priorities. This can also be used to determine how many openings will be available monthly in the open priorities.

Priorities

Priorities are closed from the lowest to highest priority or sub-priority; i.e., priority VII would be closed first, followed by priority VI, etc. When opening priorities, the highest priority will be opened first; i.e., priority V would be opened before priority VI.

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Chapter Two

Certification

Section Q

Waiting Lists (Continued)

Processing of Applicants

10/20 Day Rule

Applicants that are categorically eligible for open priorities are still screened within ten (10) calendar days (pregnant, infants under six (6) months, or migrant) or twenty (20) calendar days (all others) from the time they request clinic services. Notification of the placement on a waiting list must be given within twenty (20) days.

Waiting List

Information which shall be collected for each applicant on the waiting list, according to Federal Regulations, includes:

- Name
- Address
- Telephone Number (if applicable)
- Status (i.e., pregnant, breastfeeding, age of applicant)
- Date placed on waiting list

Once the Arizona WIC Program Waiting List Notification form (see Appendix A) is completed, a copy is given to the applicant and the original is placed in the waiting list file.

Optional information may include that which will assist in determining the approximate date on which the person may become categorically ineligible such as date of birth, actual delivery date or estimated delivery date.

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Chapter Two

Certification

Section Q

Waiting Lists (Continued)

Program Considerations

Pre-Screening

The amount of screening which may be done prior to placement of an applicant on the waiting list will be determined by the category of the applicant in relation to the open priorities and the Local Agency resources.

Local Agencies that have closed priorities which are not likely to be served do not have to maintain waiting lists except in the case of a person who understands that the likelihood of that priority being opened is low and still requests placement on the waiting list.

The Local Agency will explain to each applicant who may qualify for a currently closed priority the likelihood that the priority will be opened.

Examples:

- The State Agency strongly recommends that the Local Agency perform income screening prior to placement on the waiting list.
- If an agency has closed all priorities up to and including Priority III, there would be no need to screen a postpartum woman or a child because all the priorities for which they could be eligible are closed.

Note: If an applicant is categorically eligible for an open priority or sub-priority, the person will be screened. If the person is found to be eligible, they will be enrolled in that open priority.

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Chapter Two

Certification

Section Q

Waiting Lists (Continued)

Program Considerations (Continued)

Files

The State Agency suggests the following system. However, if a Local Agency wants to adopt a different system, it must meet the same standards of all records (see Records Chapter 14) and guarantee that applicants and participants are served with nondiscrimination practices throughout the agency.

- A separate filing system will be set up for the waiting list.
- A separate section for each priority that is closed will be established.
- A copy of the “Arizona WIC / CSF Programs Waiting List Notification” shall be placed in the file for each person, in chronological order, with the form with earliest date of placement on the waiting list first.
- If the screening process has begun, any paperwork completed thus far (i.e., Rights and Obligations Form) shall be firmly attached to the copy and placed in the appropriate priority’s file.
- When that specific priority is reopened, the applicant with the earliest date of placement on the waiting list is the first to be notified, the second earliest date is notified, and so on.
- These files will be accessible and clearly labeled for management and audit purposes.

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Chapter Two

Certification

Section Q

Waiting Lists (Continued)

Program Considerations (Continued)

Notification/ Recall from Waiting List

Notification must be completed by telephone or mail, with documentation including the date notified and the form of contact (i.e., letter or phone).

If notification is mailed, the postcard or letter will state either:

- An actual appointment date to be screened with a notice to contact the office if they do not want to or are unable to keep the appointment
- or
- A date by which the person must contact the office to make an appointment

The notification form will contain a statement that the person will be moved to the bottom of the waiting list if they do not respond to the notification.

Date of Ineligibility

The date of perceived ineligibility may be written on the "Arizona WIC / CSF Programs Waiting List Notification" to aid in file management. For example, if a child will reach his fifth birthday soon, the file would be terminated on the birth date if the priority remains closed.

False Expectation

The WIC staff person will always explain why placement on the waiting list is necessary, and what it means in terms of realistic possibilities of receiving benefits.

The Local Agency Director will provide training and scripts for clerks and / or CNWs to perform this task accurately and with comfort.

Referrals to Other Programs

Applicants who are placed on a waiting list will be referred to other appropriate programs (i.e., food assistance programs such as CSFP or Food Plus [where available], Head Start, etc.)

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Chapter Two

Certification

Section Q

Waiting Lists (Continued)

Program Considerations (Continued)

Breastfeeding Women Who Quit Breastfeeding

Women that are categorically eligible for the WIC Program due to breastfeeding who quit breastfeeding can no longer be considered a participant in a breastfeeding priority and may not continue to receive benefits.

If her baby is under six (6) months of age, the woman must be screened to determine if she is eligible for an open priority as a postpartum woman, if a postpartum risk had not been previously identified for her. If she qualifies for an open priority, she may be enrolled in that priority. If priorities serving postpartum women are closed, the woman may be placed on the waiting list if she requests to do so.

If the baby is older than six (6) months of age, the woman is no longer categorically eligible for the WIC Program and must be terminated.

If an infant is on the program with Risk 702 (Infant being breastfed by a woman at nutritional risk) as the only identified risk, the infant will need to be reassessed for certification and issued a new food package, if appropriate.

Transfers (After Certification)

At the end of their current certification period, the person would be reassessed and one or more of the following appropriate actions would be taken:

- Placed on the program if they qualify for an open priority
 - Placed on the waiting list if they qualify for a closed priority, if the person requests placement
 - Graduated from WIC
 - Terminated if found ineligible
 - Referred to other appropriate programs
-

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Chapter Two

Certification

Section Q

Waiting Lists (Continued)

Program Considerations (Continued)

Dual Participation

A person may be on the waiting list for CSFP and WIC at the same time. A person may receive benefits from one program while being on the waiting list for the other program. A participant's ID number will be the same for both programs.

Notification of Referral Agencies

Agencies that refer applicants to the WIC Program will be kept informed of any actions taken by the Local Agency to adjust caseload (see sample letter in Appendix L). This may include identifying categories of applicants still being served and would include encouragement to those agencies to keep making referrals to the WIC Program. Referring agencies are to be made aware that even when some people are not being served, others may be eligible to receive benefits immediately.

Chapter Two

Certification

Section R

Transfer of Certification

ID Folder/ Transfer Card/ VOC

At certification, each WIC participant is given a completed Arizona WIC Program Identification (ID) Folder / Transfer Card stamped with an Arizona WIC Program seal. The participant can use this document to transfer between Local Agencies within Arizona or to other State WIC programs.

Local Agencies receiving transfers will accept as verification of certification the Arizona WIC Program Identification (ID) Folder / Transfer Card or verification of certification (VOC) documents from other states. Each transferring participant must sign the Rights and Obligation form at the Local Agency receiving the transfer. A document containing the following information is to be considered a valid VOC:

- Name of participant
 - Beginning date of certification
 - Ending date of certification
 - Date of income determination
 - Participant's nutrition risk
 - Normal signature and full printed / typed name of the certifying Local Agency official
 - Name and address of the certifying Local Agency
 - An identification number or other means of accountability
 - Identification of migrancy
-

Incomplete Verification of Certification (VOC)

A partially complete VOC will be considered proof of WIC eligibility if it contains the following information:

- Name of participant
 - Beginning date of certification
 - Ending date of certification period
 - Name and address of the certifying Local Agency
-

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Chapter Two

Certification

Section R

Transfer of Certification (Continued)

Retention of VOC/ Rights and Obligation

Local Agencies will retain the VOC from the transferring agency and the signed Rights and Obligation form in the daily file or participant's file.

Transfer When a Waiting List Exists

An individual transferring into a Local Agency will be allowed to participate (unless there is a waiting list for all priorities) until the designated end of their current certification period.

Local Agencies that have waiting lists will

- Place transferring participants at the top of the list and enroll them before any other person
 - or
 - Enroll transferring participants immediately if some priorities are being served
-

Special Conditions for Infants

Infants transferring to the Arizona WIC Program from State agencies with shorter certification periods than Arizona will have their certification extended to their first birthday when the nutrition risk criteria on the VOC match the Arizona criteria for Priorities I and II. If no nutrition risks are indicated on the VOC, the certification period given on the VOC will be used.

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Chapter Two

Certification

Section R

Transfer of Certification (Continued)

Transfers (Valid Certification Period)

Transfers who contact a Local Agency requesting services and who are currently in a valid certification period shall be placed on the program immediately or at the top of the waiting list if the program is not enrolling new applicants. The transfer is placed on the waiting list ahead of all waiting applicants, regardless of the priority under which he / she was initially certified. The transferring participant must then be enrolled before any other person.

Documentation of valid certification shall be a verification of certification (VOC) card which includes:

- The name of the participant
- The date the certification was performed
- The date income eligibility was last determined
- The nutrition risk condition of the participant
- The date the certification period expires
- The signature and printed or typed name of the certifying Local Agency official
- The name and address of the certifying Local Agency
- An identification number or some other means of accountability

Note: Participants who arrive in a new service delivery area and show an incomplete VOC card which contains a minimum of the name, certification beginning date and expiration date will be treated as if the VOC card contained all the information. The Local Agency will call the original agency to verify if Food Instruments had been issued within the last thirty (30) days.

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Chapter Two

Certification

Section R

Transfer of Certification (Continued)

In-State Transfers

For transfers within the Arizona WIC Program:

The Local Agency to which the participant is transferring will:

- Verify active status using the AIM system if a transferring person does not present with a valid VOC. Lost documents will be noted in the Notes section of the Family screen of the AIM system
- Complete the In-State Transfer screen of the AIM system
- Obtain a signed Rights and Obligation Form from transferring participant.
- Retain the Arizona WIC Program ID Folder / Transfer Card (see Appendix C), which is the verification of certification (VOC), and the Rights and Obligation form in the agency's daily or central file, and issue a new one from the current agency

Note: A transfer from Navajo Nation or Inter Tribal Council of Arizona, Inc. (ITCA) WIC Program is considered an out-of-state transfer.

Out-of-State Transfers

For out-of-state transfers within a valid certification period, the Out-of-State Transfer screen of the AIM system will be completed, the Rights and Obligation form signed and the VOC will be retained in the agency's daily or central file.

When a client calls the clinic and states that they are transferring in from another state's WIC program or ITCA / Navajo Nation WIC:

- Use the Precertification screen in AIM in order to make them an appointment.
- When they come to the clinic for their certification appointment, go directly to the Out-of-State Transfer screen, hit the query (flashlight) button, enter the Family ID number by typing it in or pressing Ctrl+V (only if you looked them up in the Client / Family Search screen and hit Ctrl+C to copy the number) and query again. Their information will populate the screen.

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Chapter Two

Certification

Section R

Transfer of Certification (Continued)

Out-of-State Transfers (Continued)

- DO NOT HIT TAB when first entering the Out-of-State transfer screen because this will create another ID number for the family.
- Complete the Out-of-State Transfer questions and assign and issue a food package.

For out-of-state transfers outside a current certification period, a new certification will be completed.

If a participant is transferring to a WIC Program in another state, the other state may request information about the incoming participant. The requested information will be faxed to the requesting program upon receipt of the request from the other state's WIC program.

Transfers in of Migrants and Native Americans

Local Agencies will ensure the continuation of benefits to migrants, their families, and to Native Americans.

Local Agency transfer of certification procedures will be developed and documented in the Local Agency policy and procedure manual to indicate:

- How transferring migrants, their families, and Native Americans will be identified
- The procedures that will be used to transfer their certification expeditiously

Note: In the event that a Local Agency has a waiting list, transferring migrants, their families and Native Americans will be given priority for services.

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Chapter Two

Certification

Section R

Transfer of Certification (Continued)

WIC Overseas

When participants are transferring **from** WIC Overseas, Arizona WIC will utilize their signed Verification of Certification (VOC, also called a Participant Profile Report) and transfer them into our program. The Out-of-State Transfer screen in AIM must be completed, the Rights and Obligation form signed and the Local Agency will retain the VOC form in their daily or central file. If the participant does not have a VOC, contact Margaret Applewhite at WIC Overseas (1(877)267-3728) and she can look up the VOC information within 24 hours. If the applicant is not in a valid certification period, they will begin a new certification period if still eligible.

When participants are transferring **to** WIC Overseas, participants will use their Arizona WIC Program ID Folder as their VOC or a VOC can be printed from the AIM system.

Chapter Two

Certification

Section S

Caseload Reduction Due to Funding Shortages

Use of Waiting Lists

The State Agency will notify Local Agencies of the need to remove a certain number of participants from the program and initiate a waiting list when a funding shortage occurs.

If funding shortages become so acute as to necessitate removing participants from the program in the middle of their certification periods, participants will be given a half food package and fifteen (15) calendar days written notice that they are being taken off the program. This written notice will also include the categories of participants whose benefits are being suspended or terminated due to such funding shortages.

Participants will be removed from the program in reverse priority order. That is, those in the lowest priorities will be taken off first and placed on a waiting list following established procedures.

When funding is available to serve additional participants, the persons on the waiting list will be recalled in priority order.

Note: Local Agencies may not remove participants from the program in the middle of their certification periods without written approval from the Arizona WIC Director.

Chapter Two

Certification

Appendix A: Waiting List Notification Form

See Attached

ARIZONA WIC PROGRAM

WAITING LIST NOTIFICATION

Print Applicant's Name Last, First

Mailing Address

City State Zip Code

Telephone Number with Area Code

Home ☐ Message ☐

This section for clinic use only.

0 1 2 3 4 5 6 7
(Circle Potential / Actual Priority)

(Date Placed on Waiting List)

Pregnant Breastfeeding Postpartum Infant Child

(Circle Potential / Actual Category)

Complete with: Infant / Child = Date of Birth

or

Pregnant = Estimated Date of Delivery

or

Postpartum / Breastfeeding = Date Pregnancy Ended
Referral to health and/or food/public assistance program:
☐yes ☐no

It has been determined that you may meet the criteria to participate in the Arizona WIC Program. Unfortunately at this time funding is not available to provide services to all the applicants who may qualify. You are being placed on a waiting list and will be notified when it is possible for you to apply for program benefits.

If you wish to appeal this decision, you must request an informal settlement conference and/or a fair hearing. Local Agency staff may assist you in filing your request in writing.

A request for an informal dispute resolution meeting must be post-marked within twenty (20) calendar days from the date on this form and addressed to **WIC Director, 150 N. 18th Ave., Suite 310, Phoenix, AZ 85007** or **hand-delivered to the Local Agency Director who will forward it to the WIC Director.**

A request for a fair hearing must be post-marked or hand-delivered within sixty (60) calendar days from the date on this form and be addressed to the **Clerk of the Department, Arizona Department of Health Services, 150 North 18th Avenue., Suite 500, Phoenix, AZ 85007.**

If you choose, you may be represented by a relative, friend, legal counsel or other spokesperson. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

WIC is an equal opportunity program. Persons who believe they have been discriminated against because of race, color, national origin, sex, age or disability should write to the **USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410** or call (202) 720-5964 (voice and TDD).

Participant Signature

Date

Signature and Title of Clinic Staff

Date

Original copy - applicant
Second copy - file

Chapter Two

Certification

Appendix B: Rights & Obligations Form (Formerly Consent / Release Forms)

See Attached

My total household income is: _____ \$ \$ \$

Type of documentation provided for...

Participant's total household income:	DOCUMENTATION
Participant's identification:	DOCUMENTATION
Participant's residence/address:	DOCUMENTATION

Yes	No	I give permission to clinic staff to physically touch me or my child to:
<input type="checkbox"/>	<input type="checkbox"/>	measure height and weight
<input type="checkbox"/>	<input type="checkbox"/>	perform a blood test and
<input type="checkbox"/>	<input type="checkbox"/>	offer breastfeeding instruction

WIC Program Rights and Obligations

- I have been given a copy of, and understand, my rights and obligations as a WIC participant.
- I understand I may request, in writing, that my child's or my WIC information be sent to other healthcare programs.
- I understand that a person cannot be in two WIC and/or Commodity Supplemental Food (CSF) Programs at the same time.
- The information I have given WIC is true to the best of my knowledge. I understand that WIC staff may check the information I am giving them. If I lie or hide information, I understand that I may be prosecuted under State and Federal law, and may have to repay the government.

NOTE: If you want to appeal any adverse action, you must request an informal settlement conference and/or a fair hearing. Local agency staff will assist you to file a request for an informal settlement conference or a fair hearing.

A request for an informal settlement conference must be post-marked, or hand-delivered to the Local Agency Director, within twenty (20) calendar days of the receipt of the adverse action to: **WIC Director, 150 N. 18th Ave., Suite 310, Phoenix, AZ 85007.**

A request for a fair hearing must be post-marked or hand-delivered within sixty (60) calendar days of the receipt of the adverse action to: **Clerk of the Department, Arizona Department of Health Services, 150 N. 18th Ave., Suite 500, Phoenix, AZ 85007.**

If you choose, a relative, friend, legal counselor or other spokesperson may represent you. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Family ID # :						
Participant Name	Participant ID #	Height	Weight	Hgb	Authorized Representative	
					Initials	Date

Your signature says you understand the above information, and it is accurate. Your signature will cover consent/release until the end of this WIC certification period from _____ to _____.

Signature of Authorized Representative 1: _____ Date _____

Signature of Authorized Representative 2: _____ Date _____

Signature/title of certifier _____ Signature of Income Verifier (if different) _____ Date _____

El ingreso total de mi hogar es: \$ \$ \$

Tipo de documentación proporcionada para verificar...

El ingreso total del hogar del Participante: DOCUMENTACIÓN

La identidad del Participante: DOCUMENTACIÓN

El domicilio del Participante: DOCUMENTACIÓN

Sí	No	Doy permiso para que el personal de la clínica toque físicamente a mi (s) hijo(s) al:
<input type="checkbox"/>	<input type="checkbox"/>	obtener las medidas de estatura y peso
<input type="checkbox"/>	<input type="checkbox"/>	hacer pruebas de sangre y
<input type="checkbox"/>	<input type="checkbox"/>	ofrecer instrucción sobre la lactancia materna

Derechos y Obligaciones en el Programa WIC

- He recibido una copia de, y entiendo cuales son mis derechos y obligaciones como participante del programa WIC.
- Entiendo que puedo solicitar por escrito que los datos sobre WIC de mi hijo(a) o los míos se envíen a otros programas de cuidado de salud.
- Entiendo que una persona no puede participar en dos programas de WIC o Programa de Comida Suplementer de Mercancia (CSFP) al mismo tiempo.
- La información que he proporcionado a WIC es verdadera hasta donde yo sé. Entiendo que el personal de WIC puede verificar la información que he presentado. Entiendo que al ocultar información o mentir puedo ser juzgado(a) bajo la ley Federal o Estatal, y quizás tenga que remplazar el dinero al gobierno.

NOTA: Si usted desea apelar esta decisión, deberá solicitar una audiencia o una conferencia de convenio informal y/o una junta imparcial. El personal de la agencia local le ayudara a presentar su petición para una conferencia de convenio informal y/o una junta imparcial.

La solicitud para una conferencia de convenio informal se debe enviar por correo con sello postal o entrega a mano al Director de la Agencia Local dentro de veinte (20) días de la acción adversa a: **Director de WIC, 150 N. 18th Avenue, Suite 310, Phoenix, AZ 85007.**

La solicitud para una junta imparcial se debe enviada por correo con sello postal o entrega a mano dentro de sesenta (60) días de calendario después de haber recibido la acción adversa al: **Secretario del Departamento, Departamento de Servicios de Salud de Arizona, 150 N. 18th Avenue, Suite 500, Phoenix, AZ 85007.**

Si usted desea, puede ser representado por un familiar, una amistad, un asesor legal u otro portavoz. A pesar de que usted tiene el derecho a un asesor legal, este servicio será a costo suyo. No se le proveerá un abogado.

De acuerdo con la Ley Federal y la política del Departamento de Agricultura de los EE.UU., esta institución prohíbe la discriminación en base de raza, color, nacionalidad, género, edad o impedimentos.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Whitten Building, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, o llame al (800) 795-3272 o (202) 720-6382 (TTY). USDA es un proveedor y empleador que ofrece igualdad de oportunidad a todos.

Numero de Identificación de la Familia:						
Nombre del Participante	Numero de Identificación del Participante	Estatura	Peso	Hgb	Representante Autorizado	
					Iniciales	Fecha

Su firma declara que entiende la información mencionada anteriormente y que es exacta. Su firma cubrirá el consentimiento para revelar información hasta el final de este periodo de certificación de WIC a partir de _____ a _____.

Firma del 1er Representante:	Fecha	
Firma del 2o Representante:	Fecha	
Firma y titulo del Certificador	Firma del Verificador de Ingresos (Si es diferente)	Fecha

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Appendix C: Instructions for WIC Identification (I.D.) Folder / Transfer Card

See Attached

Instructions for completing the WIC ID Folder / Transfer Card

Cover Page

- 1) Stamp Program Seal in the space provided.
- 2) Write in or stamp your Local Agency, clinic number, and address.
- 3) Fill in the appropriate information in the box for each appointment as they are made, including the date and time, the type of appointment and things that need to be brought to the appointment.

Open the folder

- 1) Write the Family ID number in the appropriate box.
- 2) Write the name(s) of qualified participant(s) and the assigned AIM ID number(s) in the appropriate boxes.
- 3) Fill in the following information for each participant's name:
 - 1) **Fill in the certification dates (start and end)**
 - 2) **Fill in the date that you verified the participant/authorized representative's income.**
 - 3) **List all the applicable nutrition risk codes.**
 - 4) **Is this person a migrant? (circle yes or no)**
 - 5) **If applicable, fill in the date the medical prescription expires**
 - 6) **Print your full name**
 - 7) **Sign your full name**

Read to participant or have them read on their own:

Right side of open folder: **"Your Rights"**

Close right flap: **"What Will Happen at the Store"**
"Your Responsibilities"

Back cover: **"Instructions for Using WIC Food Instruments"**

Go back to the cover page and the person(s) who will pick up the WIC Food Instruments and shop for the foods (**participant/authorized representative**), sign their full name(s) in the space/spaces provided with their normal signature. If there is only one person that will be signing, you must write the word **"VOID"** in **RED** ink in space #2. **(If an additional authorized representative needs to be added at a later date, you must void the original Arizona WIC Program ID Folder and Transfer Card and create a new one.)**

Write the participant/authorized representative's next appointment (**date and time**) in the appointment box. When the participant/authorized representative returns to the office and more appointments are recorded, always remember to cross out the previously recorded appointment.

When a participant no longer qualifies for the WIC program and there are other members of the family that are still qualified, you must write the word **"TERMED"** in **RED** ink across their name and ID Number on the inside of the folder. Also, do this across the **entire** box that contains that participant's certification information within the inside flap.

What Will Happen at the Store

Cashiers will:

- Check the dates on the food instruments. The food instruments will not be accepted before or after the valid dates.
- Make sure you buy only the WIC foods in the amounts shown on the food instrument.
- Make sure the signature on your ID Folder (or Proxy Certification Form) matches the signature on the food instrument.
- Write the date and dollar amount on the food instrument.
- Correct an incorrect dollar amount, if there is a mistake, by:
 - Drawing one line through the incorrect amount.
 - Writing the correct amount in the \$ Correction box.
 - Writing their initials in the Cashier Initial box.

Cashiers will not accept a food instrument when:

- The food instrument looks like it has been changed.
- You do not have your ID Folder or Proxy Certification Form with you.
- The food instrument is signed before you go to the store.
- The signature on the food instrument does not match the signature on the ID Folder or Proxy Certification Form.

Your Responsibilities

1. Do not make changes to this ID Folder or the food instruments.
2. Do not allow anyone else other than a WIC-certified proxy to use your food instruments or ID Folder.
3. Report all lost or stolen food instruments to your WIC office immediately.
4. Be courteous, non-disruptive and respectful of clinic staff. If you must reschedule your appointment, call your local office before your scheduled appointment. Keep your children under control while in the clinic.
5. Attend your scheduled nutrition education.
6. You may only enroll in one (1) WIC or one (1) Commodity Supplemental Food Program (CSFP or Food Plus) at any given time. You cannot get WIC food instruments and receive a CSFP food box during the same month for the same person.

Arizona WIC Complaint Hotline 1-866-229-6561

Call toll-free to report:

- Complaint(s) against a store.
- Complaint(s) against a WIC Participant.
- Complaint(s) against a WIC employee.
- WIC fraud and/or abuse.

Instructions for Using WIC Food Instruments

1. Shop only at Arizona WIC-approved stores. Your WIC office will give you a list of stores near your home or you may look for the "We Accept Arizona WIC Food Instruments" decal posted at the store.
2. Use your food instruments only from the "first date to use" through the "last date to use" shown on the food instrument.
3. Buy only the foods and amounts shown on the food instrument.

Remember, the "last date to use" can be different than your next appointment.

- You cannot accept rain checks, cash, non-authorized food items or credit for food items. If the store does not have all of the food you need, check with the store manager or go to another store to shop. To report problems, call the Arizona WIC Complaint Hotline at 1-866-229-6561.

- At the check-out lane, group the WIC foods as listed on the food instrument. Make sure you keep each food instrument purchase separate. Do not include other purchases with your food instrument purchases.

- Help the WIC Program by using coupons and buying in larger sizes.

Note: You cannot use coupons when buying Infant formula.

4. Show your WIC ID Folder (or Proxy Certification Form) and the food instrument to the cashier before your items are rung up.
5. Remember to sign in the white area of the food instrument at the store. One of the individuals who signed the WIC ID Folder (or Proxy Certification Form) must sign the food instrument in front of the cashier. The signature on the food instrument must match one of the signatures on the ID Folder (or Proxy Form).
6. Make sure the cash register receipt is correct, does not include tax, and is not more than the \$200 food instrument limit. Each receipt should list only the food purchased with one (1) food instrument. Only purchase WIC-approved foods.
7. Be courteous, non-disruptive, and respectful to the store staff. If you have any questions or problems cashing your food instruments, contact your WIC office or the Arizona WIC Complaint Hotline at 1-866-229-6561 (Monday - Friday 8:00 AM - 5:00 PM).

In accordance with the Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 328-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 725-5984 (voice and TDD). USDA is an equal opportunity provider and employer.

Arizona WIC Program ID Folder/Transfer Card



Helping Arizona Families Grow Strong

Date	Time	WIC Staff Initials	WIC Pickup	Nutrition Ed Certification	Shot Record	Bring proof of Income, ID and Residency	Bring Child (Name)

Signature of Authorized Representative

1.
2.

Not valid without the Local Agency WIC office address stamp:

If this ID Folder/Transfer Card is found, please return to the address above.



CERTIFICATION INFORMATION

FAMILY ID NUMBER:		Cert. Starts	Cert. Ends	Next Cert. Date	Income Date	Risk Codes	Migrant Status	RX Expires
Name of Participant	ID Number							
1.							Y/N	
2.							Y/N	
3.							Y/N	
4.							Y/N	
5.							Y/N	
6.							Y/N	
7.							Y/N	

WIC Staff Name and Signature: _____

Your Rights

1. If you cannot pick up your food instruments, you may send a relative or friend who is 18 years or older to the WIC office as a proxy. The proxy should bring this ID Folder and a note from you giving him or her permission to pick up your WIC food instruments. If you have questions, call your WIC office.
2. If you do not pick up your WIC food instruments for two (2) months in a row, you will be dropped from the Arizona WIC Program.
3. If you are disqualified or determined ineligible for the WIC Program, you have the right to ask for a review and reevaluation of the action taken.

You have twenty (20) calendar days from receipt of the ineligibility form or the disqualification form to mail a written request for an informal meeting to resolve the issue.

OR

You may file a written request for a formal hearing (fair hearing) within sixty (60) calendar days of the date you were notified of the action taken.

Your WIC office will help you to request a meeting or hearing.

4. If you do not understand your rights or responsibilities, you have the right to ask your WIC staff to explain them to you.

If you have other questions, ask to speak with a clinic supervisor or call the State WIC Office at 1-800-2525-WIC. This is a free call from anywhere in Arizona.

To file a complaint of discrimination with USDA, Director, Office of Civil Rights, Room 328-W, National Station, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

- WIC fraud and/or abuse.
- Complaint(s) against a WIC employee.
- Complaint(s) against a WIC Participant.
- Complaint(s) against a store.

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Appendix D: Documentation of Waiver Form

See Attached

**ARIZONA WIC PROGRAM
Documentation of Waiver Form**

Participant Name: _____

For the following situations, issue one month of Food Instruments:

- ☐ Documentation of the following exists but was not brought to the appointment. Check all that apply:
- ☐ Proof of Income
 - ☐ Proof of Address
 - ☐ Proof of Identification

If I qualify for the program, I will be given one (1) month of Food Instruments. I, _____, understand that the above documents are required for WIC certification. If I do not bring the existing required document(s) to my next WIC appointment/visit, within 30 days, I will not be able to participate in the WIC program.

Authorized Representative

Signature: _____ **Date:** _____

WIC Staff Signature: _____ **Date:** _____

For the following situations, the applicant, if qualified, can be enrolled on WIC for the entire certification period:

Income

- ☐ For Applicants or Authorized Representatives with inadequate income documentation or those that do not have income documentation because the documentation does not exist:

I declare my total gross household income is \$ _____ per

- ☐ Week
- ☐ Every other week
- ☐ Month
- ☐ Year

Reason for inadequate or no documentation: _____

- ☐ For Applicants or Authorized Representatives with **ZERO** income. I declare my total gross household income is **ZERO**. I understand that I can only declare **ZERO** income one time.

I am getting food from: _____

I am getting housing from: _____

Address or Identification

- ☐ For Applicants or Authorized Representatives with do not have documentation of address and/or identification because the documentation does not exist:

Address is: _____

Reason for no proof of address or identification: _____

I, _____, verify the above information is correct. I understand that providing incorrect or misleading information can result in criminal charges and/or paying the Arizona Department of Health Services, in cash, the value of the food benefits improperly received.

Authorized Representative Signature: _____ **Date:** _____

WIC Staff Signature: _____ **Date:** _____

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Appendix E: Income Guidelines

See Attached

ARIZONA WIC/CSFP PROGRAM INCOME GUIDELINES
EFFECTIVE: April 1, 2007

One Family Member				Two Family Members				Three Family Members				Four Family Members				Five Family Members				% DHHS Income	Income
Week	2 Wks	Month	Year	Week	2 Wks	Month	Year	Week	2 Wks	Month	Year	Week	2 Wks	Month	Year	Week	2 Wks	Month	Year	Guide	Code
0 to 197	0 to 393	0 to 851	0 to 10,210	0 to 264	0 to 527	0 to 1,141	0 to 13,690	0 to 331	0 to 661	0 to 1,431	0 to 17,170	0 to 398	0 to 795	0 to 1,721	0 to 20,650	0 to 465	0 to 929	0 to 2,011	0 to 24,130	100% or less	1
198 to 244	394 to 490	852 to 1,063	10,211 to 12,762	265 to 328	528 to 657	1,142 to 1,425	13,691 to 17,112	332 to 412	662 to 825	1,432 to 1,788	17,171 to 21,462	399 to 495	796 to 992	1,722 to 2,150	20,651 to 25,812	466 to 579	930 to 1,159	2,012 to 2,513	24,131 to 30,162	101% to 124%	2
245 to 294	491 to 588	1,064 to 1,275	12,763 to 15,314	329 to 394	658 to 789	1,426 to 1,710	17,113 to 20,534	413 to 494	826 to 990	1,789 to 2,145	21,463 to 25,754	496 to 595	993 to 1,190	2,151 to 2,580	25,813 to 30,974	580 to 695	1,160 to 1,391	2,514 to 3,015	30,163 to 36,194	125% to 149%	3
295 to 343	589 to 686	1,276 to 1,488	15,315 to 17,867	395 to 460	790 to 920	1,711 to 1,996	20,535 to 23,957	495 to 577	991 to 1,155	2,146 to 2,503	25,755 to 30,047	596 to 694	1,191 to 1,389	2,581 to 3,011	30,975 to 36,137	696 to 811	1,392 to 1,623	3,016 to 3,518	36,195 to 42,227	150% to 174%	4
344 to 364	687 to 727	1,489 to 1,575	17,868 to 18,889	461 to 488	921 to 975	1,997 to 2,111	23,958 to 25,327	578 to 611	1,156 to 1,222	2,504 to 2,648	30,048 to 31,765	695 to 735	1,390 to 1,470	3,012 to 3,184	36,138 to 38,203	812 to 859	1,624 to 1,717	3,519 to 3,721	42,228 to 44,641	175% to 185%**	5
365 and over	728 and over	1,576 and over	18,890 and over	489 and over	976 and over	2,112 and over	25,328 and over	612 and over	1,223 and over	2,649 and over	31,766 and over	736 and over	1,471 and over	3,185 and over	38,204 and over	860 and over	1,718 and over	3,722 and over	44,642 and over	more than 185%	8
Six Family Members				Seven Family Members				Eight Family Members				For Each Additional Family Member Add				Automatic Eligibility @ Income Code 6 if eligible (E) or presumptively eligible (PE) for:				% DHHS Income	Income
Week	2 Wks	Month	Year	Week	2 Wks	Month	Year	Week	2 Wks	Month	Year	Week	2 Wks	Month	Year					Guide	Code
0 to 531	0 to 1,062	0 to 2,301	0 to 27,610	0 to 598	0 to 1,196	0 to 2,591	0 to 31,090	0 to 665	0 to 1,330	0 to 2,881	0 to 34,570	0 to 67	0 to 134	0 to 290	0 to 3,480	*TANF (AFDC) (E or PE) *AHCCCS (E or PE) *FOOD STAMPS (E) *Food Distribution Program on Indian Reservations-FDPIR (E)				100% or less	1
532 to 663	1,063 to 1,326	2,302 to 2,875	27,611 to 34,512	599 to 746	1,197 to 1,494	2,592 to 3,238	31,091 to 38,862	666 to 830	1,331 to 1,661	2,882 to 3,600	34,571 to 43,212	68 to 83	135 to 166	291 to 362	3,481 to 4,349					101% to 124%	2
664 to 795	1,327 to 1,592	2,876 to 3,450	34,513 to 41,414	747 to 896	1,495 to 1,793	3,239 to 3,885	38,863 to 46,634	831 to 996	1,662 to 1,993	3,601 to 4,320	43,213 to 51,854	84 to 99	167 to 200	363 to 434	4,350 to 5,219					125% to 149%	3
796 to 928	1,593 to 1,857	3,451 to 4,026	41,415 to 48,317	897 to 1,045	1,794 to 2,092	3,886 to 4,533	46,635 to 54,407	997 to 1,162	1,994 to 2,326	4,321 to 5,041	51,855 to 60,497	100 to 116	201 to 233	435 to 507	5,220 to 6,089					150% to 174%	4
929 to 983	1,858 to 1,965	4,027 to 4,257	48,318 to 51,079	1,046 to 1,107	2,093 to 2,213	4,534 to 4,794	54,408 to 57,517	1,163 to 1,230	2,327 to 2,460	5,042 to 5,330	60,498 to 63,955	117 to 124	234 to 248	508 to 537	6,090 to 6,438					175% to 185%**	5
984 and over	1,966 and over	4,258 and over	51,080 and over	1,108 and over	2,214 and over	4,795 and over	57,518 and over	1,231 and over	2,461 and over	5,331 and over	63,956 and over	125 and over	249 and over	538 and over	6,439 and over					more than 185%	8

* 130% of poverty is the upper maximum income for seniors enrolling in CSFP
 ** 185% of poverty is the upper maximum income for program participation
 > 185% of poverty is over the maximum allowable income for program participation

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Appendix F: Dietary Questionnaires

See Attached

WOMEN'S NUTRITION QUESTIONNAIRE

Name: _____
 Date of Birth: _____

ENERGY AND NUTRIENTS (PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS)		POSSIBLE RISK ASSIGNMENT
1. If you are pregnant, how much weight do you think you should gain during this pregnancy? If you are postpartum, how much weight do you think you need to lose if any?		358
2. How do you feel about your weight change?	<input type="checkbox"/> Too little <input type="checkbox"/> Okay <input type="checkbox"/> Too much	358
3. How is your appetite?	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	427.2
4. How many meals and snacks do you eat each day?		427.2
5. Are there any foods or food groups that you do not think you eat enough of, if yes, what foods?		427
6. How often do you eat fast food or at a restaurant?		427
FOOD GROUPS (PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS)		
1. Do you drink milk, if yes, what kind?	<input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole <input type="checkbox"/> Lactaid <input type="checkbox"/> Soy Milk <input type="checkbox"/> Rice Milk <input type="checkbox"/> Other _____	427/427.5
2. Do you drink water, if yes, how much?		427
3. What other beverages do you drink each day?		427/427.5
4. Do you eat breads, pasta, and grains, if yes, what kind?	<input type="checkbox"/> White <input type="checkbox"/> 100% Whole Wheat <input type="checkbox"/> Bran <input type="checkbox"/> Other _____	427
5. When selecting and preparing meat, what do you prefer?	<input type="checkbox"/> Regular <input type="checkbox"/> Lean <input type="checkbox"/> Extra Lean <input type="checkbox"/> Other _____ <input type="checkbox"/> I don't eat meat	427 / 427.5
6. What types of fruit and vegetables do you like to eat?		427 / 427.5
7. What sweets do you eat and how often?		427
8. What vitamins, minerals or supplements are you taking?	<input type="checkbox"/> None <input type="checkbox"/> Multivitamin (Amount _____ Frequency _____) <input type="checkbox"/> Iron (Amount _____ Frequency _____) <input type="checkbox"/> Minerals (Amount _____ Frequency _____) <input type="checkbox"/> Herbs (Amount _____ Frequency _____) <input type="checkbox"/> Folic Acid (Amount _____ Frequency _____) <input type="checkbox"/> Other _____	427.1 / 427.4

Client ID: _____

INFANT AND TODDLER NUTRITION QUESTIONNAIRE

Name: _____
Date of Birth: _____

PRIMARY FEEDING (PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS)

POSSIBLE RISK ASSIGNMENT

1. How would you describe feeding time with your infant/toddler?	<input type="checkbox"/> Always pleasant <input type="checkbox"/> Usually pleasant <input type="checkbox"/> Sometimes pleasant <input type="checkbox"/> Never pleasant	411/425-C1
2. How do you know when your infant/toddler is hungry?		411 / 411.4 / 411.7 / 411.8/425.4-C1
3. How do you know when your infant/toddler is full?		411 / 411.4 / 411.7 / 411.8/425.4-C1
4. What types of food does your infant/toddler eat?	<input type="checkbox"/> Baby cereal <input type="checkbox"/> Vegetables <input type="checkbox"/> Fruits <input type="checkbox"/> Meats <input type="checkbox"/> Desserts <input type="checkbox"/> Other	411/425-C1

COMPLIMENTARY FEEDING (PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS)

1. How did you know when your infant/toddler was ready to eat solid food?		411.3 / 411.4/425.1-C1
2. Do you make your own infant/toddler food, if yes, what foods do you prepare?		411.3 / 411.5/425.4-C1/ 425.5-C1
3. How do you prepare your own infant/toddler food?		411 / 411.5/425-C1/425.5-C1
4. Does your infant/toddler follow a feeding schedule, if yes, please explain.		411.7 / 411.8/425.6-C1
5. Is your infant/toddler picky with textures, if yes, please explain.		411/425-C1/425.4-C1
6. Does your infant/toddler feed himself/herself?		411.3 / 411.4/425.4-C1
7. Has your infant/toddler started finger foods, if yes, what types of food?		411.3 / 411.4 / 411.5/425.4-C1
8. If your infant/toddler has not started finger foods, when do you plan on introducing them?		411.3 / 411.4/425.4-C1
9. What else does your infant/toddler drink other than breastmilk or formula?		411 / 411.5 / 411.10/425.1-C1/425.2-C1
10. What vitamins, minerals or supplements does your infant/toddler take?	<input type="checkbox"/> None <input type="checkbox"/> Multivitamin (Amount _____ Frequency _____) <input type="checkbox"/> Iron (Amount _____ Frequency _____) <input type="checkbox"/> Minerals (Amount _____ Frequency _____) <input type="checkbox"/> Herbs (Amount _____ Frequency _____) <input type="checkbox"/> Other _____	411.10/425.7-C1

Client ID: _____

CHILD NUTRITION QUESTIONNAIRE

Name: _____
Date of Birth: _____

ENERGY AND NUTRIENTS (PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS)

POSSIBLE RISK ASSIGNMENT

1. What do you think about your child's size?	<input type="checkbox"/> Too little <input type="checkbox"/> Okay <input type="checkbox"/> Too big	425
2. How would you describe your child's eating habits?	<input type="checkbox"/> Okay <input type="checkbox"/> Picky <input type="checkbox"/> Too much <input type="checkbox"/> Not enough	425 / 425.6 / 425.4
3. What are your child's favorite foods that he/she eats regularly?		425
4. What foods does your child dislike?		425
5. How often do you eat family meals with your child?		425
6. How often does your child eat fast food or at a restaurant?		425

FOOD GROUPS (PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS)

1. Does your child drink milk, if yes, what kind?	<input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole <input type="checkbox"/> Lactaid <input type="checkbox"/> Soy Milk <input type="checkbox"/> Rice Milk <input type="checkbox"/> Flavored Milk <input type="checkbox"/> Other _____	425 / 425.1 / 425.2 / 425.5
2. Does your child drink water, if yes, how much?		425
3. What other types of beverages does your child drink?		425.1 / 425.2 / 425.5
4. Does your child eat breads, pasta, grains, and cereals, if yes, what kind?	<input type="checkbox"/> White <input type="checkbox"/> 100% Whole Wheat <input type="checkbox"/> Bran <input type="checkbox"/> Other	425
5. What kind of meat, poultry, or fish does your child eat?	<input type="checkbox"/> Beef- Regular/Ground <input type="checkbox"/> Beef-Lean/Ground <input type="checkbox"/> Luncheon Meats <input type="checkbox"/> Chicken <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> None <input type="checkbox"/> Other _____	425 / 425.5
6. What are your child's favorite sweetened foods and how often does he/ she eat them?		425
7. What types of fruit and vegetables does your child like to eat?		425 / 425.5
8. What vitamins, minerals or supplements does your child take?	<input type="checkbox"/> None <input type="checkbox"/> Multivitamin (Amount _____ Frequency _____) <input type="checkbox"/> Iron (Amount _____ Frequency _____) <input type="checkbox"/> Minerals (Amount _____ Frequency _____) <input type="checkbox"/> Herbs (Amount _____ Frequency _____) <input type="checkbox"/> Other _____	425.7

Client ID: _____

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Appendix G: Instructions for Completing the AIM Dietary Assessment

See Attached

AIM Dietary Assessment Instructions

Staff completes Health History questions in AIM



Nutrition questionnaires in AIM that have replaced the Food Pyramid are now mandatory for all clients. Proceed to dietary screen.



Complete the nutrition questionnaire in the dietary screen and manually assign any dietary risks that are identified. Document the reasoning and assignment of the identified risk in the AIM Care Plan.



If a dietary risk is still not identified from the questionnaire, assign risk 401 or 428 following the complete assessment and document this risk assignment in the AIM Care Plan.



401 (Failure to Meet Dietary Guidelines) and 428 (Dietary Risk Associated with Complementary Feeding) may only be assigned when no other risks are identified.

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Appendix H: Arizona WIC Risk Table, FY 2008

See Attached

Arizona WIC Risk Table FY 2008

X: Requires documentation by a Physician or Primary Care Provider.

XX: Requires documentation by a Physician, Primary Care Provider, or Nutritionist.

XXX: Requires documentation by Physician, Primary Care Provider, Nutritionist, or Competent Professional Authority.

XS: Self-reported by the applicant/participant/caregiver as a diagnosis received from a Physician.

Code	Risk Name	Priority-PG	Priority-BF	Priority-PP	Priority-Infant	Priority-Child	Doc	Mandatory Nutritionist Referral
101	Underweight (Woman)	1	1	3				X
103	Underweight or At Risk of Becoming Underweight (Infants & Children)				1	3		X
111	Overweight (Women)	1	1	6				
113	Overweight (Children 2-5 years of age)					3		
114	At Risk of Becoming Overweight				1	3		
121	Short Stature or At Risk of Short Stature				1	3		
131	Low Maternal Weight Gain	1						X
132	Maternal Weight Loss	1						X
133	High Maternal Weight Gain	1	1	6				
134	Failure to Thrive				1	3	XS	X
141	Low Birth Weight (Children less than 24 months)				1	3		X
142	Prematurity (Children less than 24 months)				1	3		X
151	Small for Gestational Age (Children less than 24 months)				1	3	XS	
153	Large for Gestational Age				1			
201	Anemia	1	1	3	1	3		X (see App. C Lab Manual)
211	Lead Poisoning	1	1	3	1	3	XS	
301	Hyperemesis Gravidarum	1					XS	
302	Gestational Diabetes	1					XS	X
303	History of Gestational Diabetes	1	1	6			XS	
311	History of Premature Delivery	1	1	6				
312	History of Low Birth Weight	1	1	6				
321	History of Fetal or Neonatal Loss	1	1	6				
331	Pregnancy at a Young Age	1	1	3				
332	Closely Spaced Pregnancies	1	1	3				
333	High Parity and Young Age	1	1	3				
334	Inadequate Prenatal Care	1						
335	Multi-fetal Gestation	1	1	6				
336	Delayed Uterine Growth	1					XS	

Code	Risk Name	Priority-PG	Priority-BF	Priority-PP	Priority-Infant	Priority-Child	Doc	Mandatory Nutritionist Referral
337	History of Large for Gestational Age	1	1	6			XS	
338	Pregnant Woman Breastfeeding	1						
339	History of Birth with a Congenital Defect	1	1	6			XS	
341	Nutrient Deficiency Disease	1	1	6	1	3	XS	X
342	Gastro-Intestinal Disorders	1	1	6	1	3	XS	
343	Diabetes Mellitus	1	1	6	1	3	XS	
344	Thyroid Disorders	1	1	6	1	3	XS	
345	Hypertension	1	1	6	1	3	XS	
346	Renal Disease	1	1	6	1	3	XS	
347	Cancer	1	1	6	1	3	XS	
348	Central Nervous System Disorders	1	1	6	1	3	XS	
349	Genetic & Congenital Disorders	1	1	6	1	3	XS	
350	Pyloric Stenosis				1		XS	
351	Inborn Errors of Metabolism	1	1	6	1	3	XS	
352	Infectious Diseases	1	1	6	1	3	XS	
353	Food Allergies	1	1	6	1	3	XS	
354	Celiac Disease	1	1	6	1	3	XS	
355	Lactose Intolerance	1	1	6	1	3	XX	
356	Hypoglycemia	1	1	6	1	3	XS	
358	Eating Disorders	1	1	6			XS	
359	Recent Surgery, Trauma, Burns	1	1	6	1	3	X (if less than 2 months) XS (if greater than six months)	
360	Other Medical Conditions	1	1	6	1	3	XS	
361	Depression	1	1	6		3	XS	
362	Developmental Delays, Sensory or Motor Delays Interfering with the Ability to Eat	1	1	6	1	3	X	
371	Maternal Smoking	1	1					
372	Alcohol and Illegal Drug Use	1	1	3				
381	Dental Problems	1	1	6	1	3	XXX	
382	Fetal Alcohol Syndrome				1	3	XS	
401	Failure to Meet Dietary Guidelines for Americans	4	4	6		5	XXX	

Code	Risk Name	Priority-PG	Priority-BF	Priority-PP	Priority-Infant	Priority-Child	Doc	Mandatory Nutritionist Referral
411	Inappropriate Nutrition Practices for Infants				4			
411.1	Routinely using a substitute for breastmilk or FDA approved iron-fortified formula as primary nutrient source during first year of life				4			
411.2	Routinely using nursing bottles or cups improperly				4			
411.3	Routinely offering complementary foods or other substances that are inappropriate in type or timing				4			
411.4	Routinely using feeding practices that disregard the development needs or stage of the infant				4			
411.5	Feeding foods to an infant that could be contaminated with harmful microorganisms				4			
411.6	Routinely feeding inappropriately diluted formula				4			
411.7	Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients				4			
411.8	Routinely feeding a diet very low in calories and/or essential nutrients				4			
411.9	Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breast milk or formula				4			
411.10	Feeding dietary supplements with potentially harmful consequences				4			
411.11	Routinely not providing dietary supplements recognized as essential				4			
425	Inappropriate Nutrition Practices for Children					5		
425.1	Routinely feeding inappropriate beverages as the primary milk source					5		
425.2	Routinely feeding a child any sugar-containing fluids					5		
425.3	Routinely using nursing bottles, cups, or pacifiers improperly					5		
425.4	Routinely using feeding practices that disregard the developmental needs or stages of the child					5		
425.5	Feeding foods to a child that could be contaminated with harmful microorganisms					5		
425.6	Routinely feeding a diet very low in calories and/or essential nutrients					5		
425.7	Feeding dietary supplements with potentially harmful consequences					5		
425.9	Routine ingestion of non-food items (pica)					5		

Code	Risk Name	Priority-PG	Priority-BF	Priority-PP	Priority-Infant	Priority-Child	Doc	Mandatory Nutritionist Referral
427	Inappropriate Nutrition Practices for Women	4	4	6				
427.1	Consuming dietary supplements with potentially harmful consequences	4	4	6				
427.2	Consuming a diet very low in calories and/or essential nutrients	4	4	6				
427.3	Compulsively ingesting non-food items (pica)	4	4	6				
427.4	Inadequate vitamin/mineral supplementation recognized as essential by national public health policy	4	4	6				
427.5	Pregnant women ingesting foods that could be contaminated with pathogenic microorganisms	4						
428	Dietary Risk Associated with Complementary Feeding Practices				4	5		
501	Possibility of Regression		4	7		5	XXX	
502	Transfer of Certification	0	0	0	0	0		
503	Presumptive Eligibility for PG Women	4						
601	Woman Breastfeeding an Infant at Nutritional Risk		1,2,4					
602	Breastfeeding Complications (BF)		1					X
603	Breastfeeding Complication(s)				1			X
701	Infant Up To 6 Months of Age Born to WIC Mother or WIC-Eligible Mother				2			
702	Infant Being Breastfed by a Woman at Nutritional Risk				1,2,4			
703	Infant Born of Woman with Mental Retardation, Alcohol, Drug Abuse				1		XS	
801	Homelessness	4	4	6	4	5		
802	Migrancy	4	4	6	4	5		
901	Recipient of Abuse	4	4	6	4	5		
902	Woman or Infant/Child of Primary Caregiver with Limited Ability	4	4	6	4	5	X (mental illness only)	
903	Foster Care	4	7	7	4	5		

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Appendix I: Risk Factors Not Currently Recognized by Arizona Table

See Attached

Risk Factors Not Currently Recognized By Arizona

Code	Risk Name	Priority-PG	Priority-BF	Priority-PP	Priority-Infant	Priority-Child
135	Inadequate Growth				1	3
152	Low Head Circumference				1	1
357	Drug Nutrient Interactions	1	1	3, 4, 5, or 6	1	3
425.8	Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements					5

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Appendix J: Notification of Ineligibility Form

See Attached

**ARIZONA WIC/CSF PROGRAMS
NOTIFICATION OF INELIGIBILITY**

Applicant's Name: _____

You have been found ineligible to participate in the WIC ☐ or CSFP ☐ (check only one) Program for the following reason(s):

WIC

-
-
-

CSFP

-
-
-

Health and/or Public Assistance Program referral made: **yes** ☐ **no** ☐

If any of the above changes, you may reapply for services.

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within twenty (20) calendar days for an informal settlement conference or sixty (60) calendar days for a fair hearing of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought.

An **INFORMAL SETTLEMENT CONFERENCE** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting. A decision is made at the end of the meeting. You have the right to request an informal settlement conference. If you request an informal settlement conference, the agency shall notify you at least ten (10) calendar days before the conference, after having received the request. The notice will explain the informal conference location, time and procedures. This request must be post-marked or hand-delivered to the Local Agency Director no later than twenty (20) calendar days from the date of receipt of this notice. Local Agency staff may assist you in filing your request in writing

To request an Informal Settlement Conference, submit the request in writing to:

WIC Director
150 North 18th Avenue, Suite 310
Phoenix, AZ 85007

or hand deliver to Local Agency WIC Director who will immediately forward to the WIC Director.

If you do not wish to request an informal settlement conference, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of informal settlement conference. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this notice to post-mark or hand-deliver a written request for a fair hearing. The request must contain a statement of facts, the reasons you believe you are entitled to a fair hearing, and the relief sought. Local Agency staff may assist you in filing your request in writing

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a Fair Hearing, submit your request in writing to:

Arizona Department of Health Services
Clerk of the Department
150 North 18th Avenue, Suite 500
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits, if you file your appeal within fifteen (15) calendar days from receipt of this notice, during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

For participants in a valid certification period only: _____

Participants are advised in writing fifteen (15) calendar days prior to the end of program benefits. Your WIC Program benefits will end on _____

Applicant/caretaker signature: _____ Date: _____

Clinic Staff signature: _____ Date: _____

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Appendix K: Proxy Certification Form

See Attached

PROXY CERTIFICATION

ARIZONA WIC PROGRAM

I, _____
understand that I will be allowed to accept WIC Food Instruments and
buy WIC authorized foods for:

Participant's Name

Participant's Name

Participant's Name

Participant's Name

Participant's Name

Participant's Name

I also understand that I must follow all WIC rules including:

- Shop only at WIC authorized stores
- Buy only the foods listed on the Food Instrument
- Give all foods bought to the participant
- Save the receipts for the foods bought and give them to the participant
- Use the Food Instruments only during the dates in which they are valid.

**Finally, I understand that misuse of drafts is against the law and that
offenders will be prosecuted.**

The undersigned person is authorized to accept and use WIC Food Instruments

FROM _____ **TO** _____

Proxy signature

Date

Signature of clinic staff

Date

Printed name and title of clinic staff

CERTIFICADO DE AUTORIDAD

PROGRAMA WIC DE ARIZONA

Yo, _____
entiendo que me sera permitido aceptar los cheques de WIC y
comprar los alimentos autorizados por WIC para:

Nombre de participante

Nombre de participante

Nombre de participante

Nombre de participante

Nombre de participante

Nombre de participante

Ademas entiendo que debo seguir las reglas de WIC incluyendo:

- Comprar solo en las tiendas autorizadas por WIC
- Comprar solo los alimentos apuntados en el cheque
- Dar todos los alimentos al participante
- Obtener los recibos de la tienda de los alimentos comprados y entregalos al participante
- Usar los cheques solamente durante el tiempo en que son validos

**Finalmente, comprendo que el mal uso de los cheques es contra la ley y los
ofensores seran sujeto a la prosecucion**

La persona firmante es autorizada para aceptar y usar los cheques de WIC

DESDE _____ **HASTA** _____

Firma de autorizado(a)

Fecha

Firma de personal de la clinica

Fecha

Escriba con letra de molde el titulo del personal de la clinica

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Appendix L: Sample Letter for Referral Agency Communication Regarding Waiting Lists

See Attached

Date

Dear WIC Partner:

For the past few years, the Arizona WIC program has been growing and has been accepting all applicants who meet the eligibility criteria. However, we are now in a position where we are going to have to reduce our caseload in response to restricted funding and rising costs. In the next few months, we will need to remove approximately 3,800 participants statewide from the program. This does not mean, however, that we are not taking new applicants.

Although we may not be able to serve all of the potentially eligible applicants, we will continue to serve those at highest risk. According to WIC definitions of risk and priority for service, pregnant women come ahead of all others. Breastfeeding women and infants are next, with children and postpartum, non-breastfeeding women in the lower priorities.

This means that we still are encouraging all agencies to continue to refer potential WIC clients to us. New applicants have an equal chance of being served as clients who are at the end of their certification periods. WIC does not give preference to clients who have been on the program before.

Postpartum women and some children may be placed on waiting lists or referred to other programs such as Food Plus (CSFP) or Head Start.

We don't want to give the impression to the public that it is not worthwhile to apply for WIC because WIC is experiencing caseload adjustments. We are still serving pregnant and breastfeeding women, infants, and most children who meet our eligibility criteria.

Thank you for your continuing support of WIC and your referral of potential WIC clients.

Sincerely,

Local Agency WIC Director

Appendix M: Military Pay Stub Guidelines

See Attached

GUIDELINES FOR READING MILITARY PAY STUBS

- I. Leave and Earnings Statement (LES) is a monthly statement of the preceding month's pay of military personnel. This is the document that will provide WIC the correct information for income eligibility determination.
- II. Entitlements refers to the different types of pay active military personnel receive, depending on their rank, location, and assignment.
- III. The following types of pay for active military personnel are counted in gross income for WIC income determination.
 - a) BASE PAY – Refers to the amount of basic pay all active duty personnel receives. The amount of base pay is determined by the length of time in the service and pay grade.
 - b) BAS – Refers to Basic Allowance for Subsistence, an allowance for food given to all service members.
 - c) SAVE PAY – Refers to money given to some personnel as they switch from time-in-service to time-in-grade pay so that they do not see a drop in basic pay.
 - d) HFP / IDP – Refers to Hostile Fire / Imminent Danger Pay provided on a temporary basis for service members servicing within an officially declared hostile fire / imminent danger zone. This amount is to be counted in gross income for WIC income determination per SFDP-03-03/WRO Policy Memo 803-AX. However, if the HFP / IDP is not given for a full year, you may use the family's income over the past 12 months versus current income.
 - e) CONUS COLA – Refers to cost of living allowance provided to military personnel in designated high-cost areas within the continental United States.
 - f) All other special pays such as Hazardous Duty Pay, Foreign Language Pay, etc.
- IV. The following types of pay for active military pay are NOT counted for WIC income determination purposes and therefore, should be deducted from their gross pay:
 - a) BAH – Refers to Basic Allowance for Housing, an allowance for housing given to personnel who lives off base.
 - b) FSH – Refers to Family Separation Housing Allowance provided to military personnel who are assigned to another location away from their families.
 - c) OCONUS COLA – Refers to cost of living allowance provided to military personnel in overseas continental United States.

V. Military Reservists called to active duty

Families of military reservists who are placed in active duty may experience a drop in income such that they may become income eligible for the WIC Program. In this situation, determination of income may be based on the family's "current" rate of income while the reservist is on active duty for a more accurate determination of the family's income status.

VI. Children in the temporary care of friends or relatives

There are 3 options to determine income:

- a) If gross income is available, the absent parents or one parent and their children can be considered as the economic unit.
- b) If the unit has its own adequate source of income, i.e. child allotment, the children can be counted as a separate economic unit.
- c) When the first two above-mentioned options are not applicable, the children are considered to be part of the economic unit of the person(s) they are residing with.